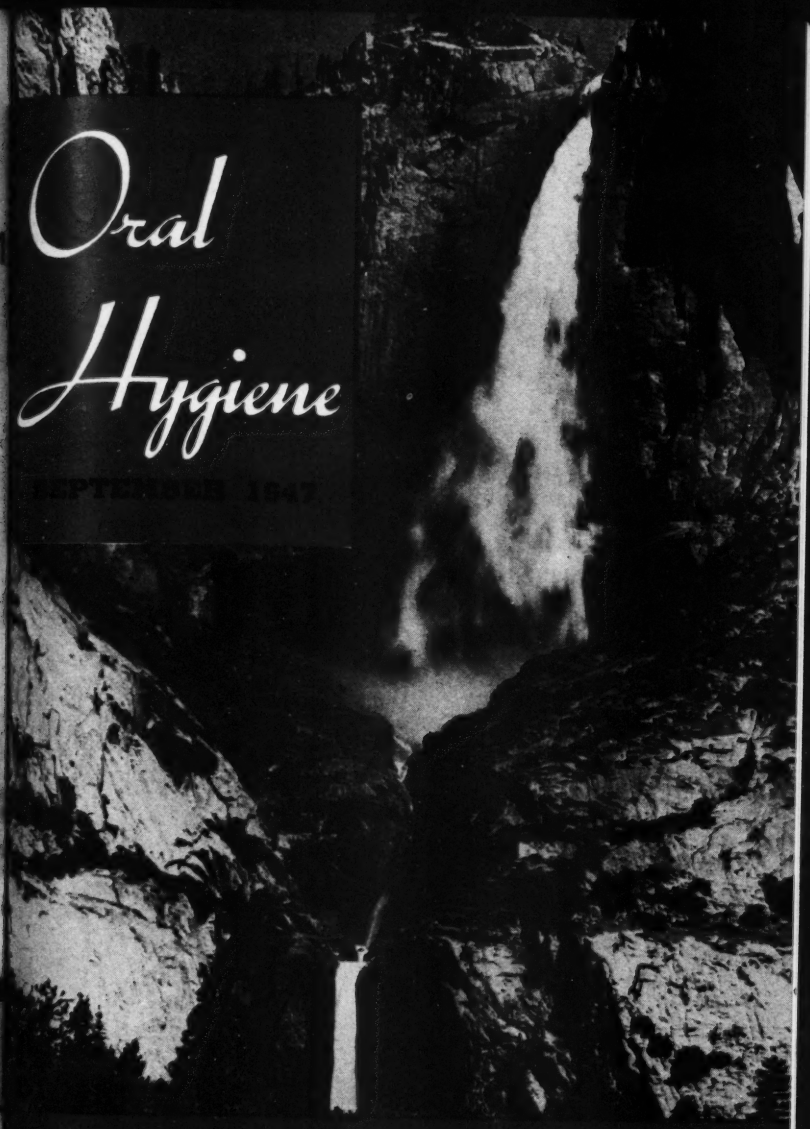
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Oral Hygiene

SEPTEMBER 1947



In This Issue:

PREVENTIVE DENTISTRY AS A TRACTION PUBLICITY
PAPER ON CHRISTIAN FOOD ITEM

XUM

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Sani-Terry HANDPIECES

ACCURATE, TRUE-RUNNING RESISTANT TO WEAR

Sani-Terry Handpieces are accurately made, light in weight, smooth and true in operation, and are resistant to wear at every point where wear is usually first to occur in a handpiece.

Sani-Terry Contra-Angles are designed to prevent wear of the handpiece. There is no wear on the bur chuck when they are used.

CLEV-DENT CONTRA-ANGLE U

If preferred, Clev-Dent Contra-Angle U may be used with the Sani-Terry Handpiece. It fits accurately over the handpiece and is free from unnecessary vibration.

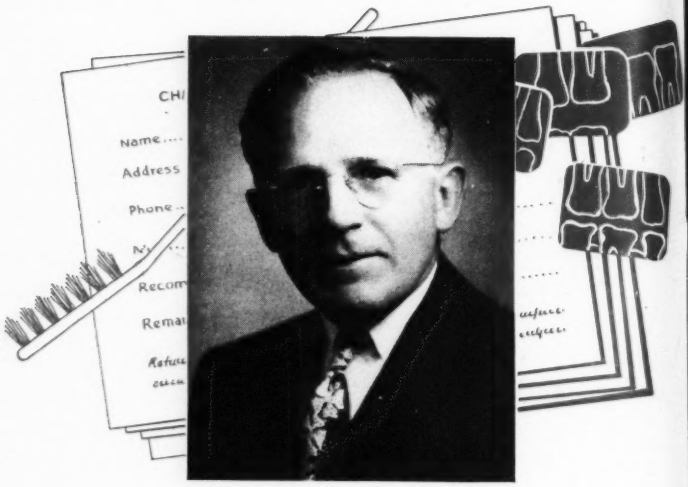
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Taking the depressions

out of *dental practice*

would safeguard

***your* business, too! . . . . . .**



Doctor Peetz has a plan . . . . . .

Back in 1929, Doctor Peetz' new practice was not thriving . . . Something had to be done—and he did it. Now he has an almost "depression-proof" method of managing his practice and assuring himself a steady yearly income.

So that other dentists can use the same plan that has worked so successfully for him for eighteen years, Doctor Peetz has given Oral Hygiene permission to explain it in detail.*

*"Preventive Dentistry as a Practice-Builder" by George B. Fritz, September *Oral Hygiene*.

We'd like to have you—and your salesmen—read this article and discuss it with your dentist-customers. Doctor Peetz' plan should mean greater security for every dentist who adopts it—and a steadier market for dental dealers and manufacturers.

There's another reason why we'd like to have you read the article. We want you to see for yourself just what *the dentist* sees in Oral Hygiene. We want you to understand *why* he depends on this one magazine for practical help with his practice problems, *why* he responds to its frank dentist-to-dentist discussions with such friendly interest, and *why* he has firm personal confidence in Oral Hygiene. Articles like this have been building that interest and confidence for over thirty-six years.

During all of that time, dentists have looked to Oral Hygiene's text pages for authoritative advice and concrete help with their business and professional problems. They have also relied on Oral Hygiene's advertising pages for accurate information on reputable and dependable dental products. It is the confidence and trust built through many long years that give your advertisements added force in the pages of

Oral Hygiene

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The Publisher's Corner

BY MASS **NUMBER 315**

YOUR BEST YEARS

AN OLD FRIEND, a retired member of the profession, has been reading recent ORAL HYGIENE articles about retirement, and about hobbies. In retirement, he himself is chipper as a chipmunk. He loves to read, puts together a bit of first-rate verse now and then, exercises just a little.

He wrote the other day. In his letter, he recalled Holbrook Jackson saying, "Without the power of reading for pleasure, none of us can be independent." He himself believes that "reading is the answer to the problem of retirement and old age." But, he continued, "There are many who simply can't read. They want to talk. Most of them don't know how interesting good reading is—biographies for instance. I just read George Ade's life. Why in hell should any dentist think that his talk can be more interesting than George Ade?"

My friend is firmly convinced that "hobbies won't take care of retirement or old age." This month, he will be seventy-one. So he ought to know. He has lived in retirement quite a while. "Hobbies help mildly in retirement, say up to the middle sixties —but then there are endless leisure hours they won't fill. Most hobbies call for a bit of physical effort. That's something flesh and bone can't manage much of when old age comes along. Here

and there you'll find a cookie who, at eighty, can putter away with a rake or a hammer. Old Tom Parr, they say, was a better man at a hundred and forty-four than I was at sixty—maybe a better man than you yourself are now."

The doctor went on. "Here's something to cheer your old age. I am nearly seventy-one. Of the seven decades I have lived, the second-best was the ten years between sixty and seventy. There were occasional stretches of health miseries, but sixty to seventy was a fine decade. The best was from fifty to sixty; that was tops! Forty to fifty was only the third-best, he recalled—"too many headaches, romances and such." Thirty to forty was just *pretty* good—he rated it a bad fourth. "To hell with twenty to thirty," he wrote. He wouldn't want to live *that* one over again, he insisted.

Twenty-five years ago, he remembered, he had asked two friends in their middle seventies, "What were your best ten years?" Both agreed that the years from fifty to sixty were by far their best—naming the period which he himself discovered to be his own best time. His brother, a physician, at seventy-two rated his decades a bit differently: his best was from sixty to seventy.

These revelations are all comforting. Most of us are apprehensive about old age, as it creeps upon us, day by day, month by month, year by year. But each of these men enjoyed most the years past middle life. My friend's own fifty-to-seventy span was a happier time than his first half-century.

Maybe the love of books isn't the answer for everyone who retires. I don't know. But, judging from other elderly people I have observed, one must have definite *interests* of some sort, and it seems to be a good idea to cultivate them during earlier

years. Many of the main interests of one's working years can't be continued.

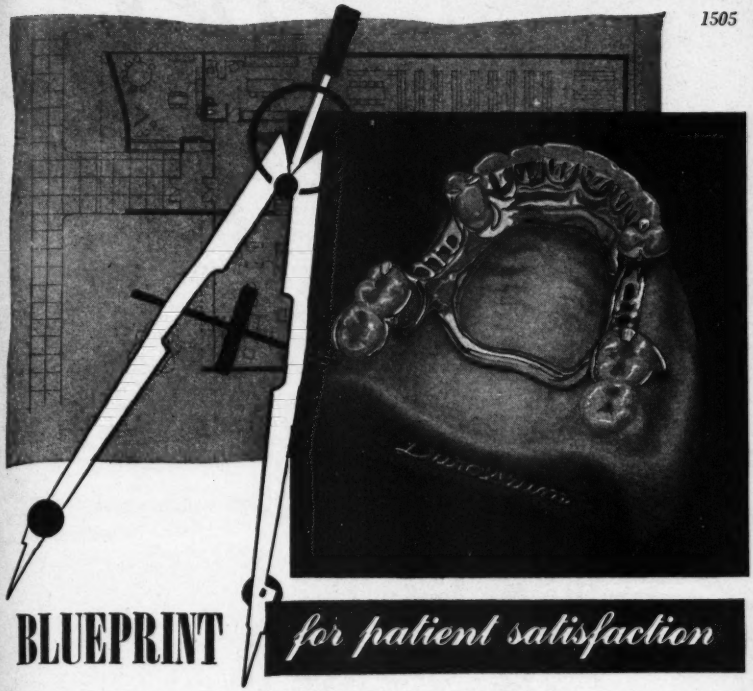
For example, this friend of mine was fond of dentistry—practiced for a long time. But even in his busy days he was fond of other things, too. He refused to circumscribe his life by centering it at the dental chair, by filling his mind with dental knowledge to the exclusion of all else. One reason he has won and kept so many friends for so long is that he has always been able to talk about a variety of things. He never could see why a dentist has to think and talk nothing but dentistry, morning, noon and night. Yet many do. The same is true of many grocery men and morticians, and magazine publishers. They become almost unbearable bores. And, when they retire, whether they realize it or not they bore themselves. And that, brother, is the worst punishment you can inflict upon yourself.

My friend never bored anyone. So now at seventy-one he isn't boring himself. That's perhaps the main reason why he was able to tell me, in the last line of his letter, that maybe his *next* ten years will be the best of all—because "the last twelve months turned out to be the best I've ever lived."

* * *

Another old friend wrote just now, Doctor Arthur T. White of Pasadena, California. Arthur said he's been eyeing this column, and the whole magazine, "more critically than ever, to see what I could gripe about." But, he complains, he didn't find a thing to complain of.

"May you, in the language of the immortal Riley, keep 'humpin' on towards sumpin fair, hurtin' no one gittin' there . . . Try to think the best you can, allus of your fellow man'."



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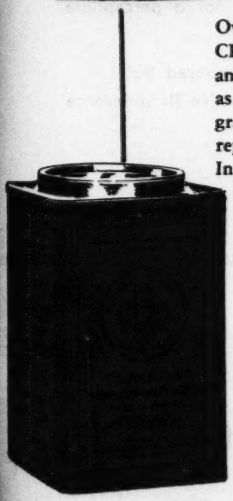


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a paste: mix with a little water
a mouthwash: dissolve in water

'VINCE' is supplied in packages of 2 and 5 ounces.





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No need to tell you, doctor, about the hypersensitive character of a simple gingival third . . . and how it can consume a disproportionate amount of your time and temper.

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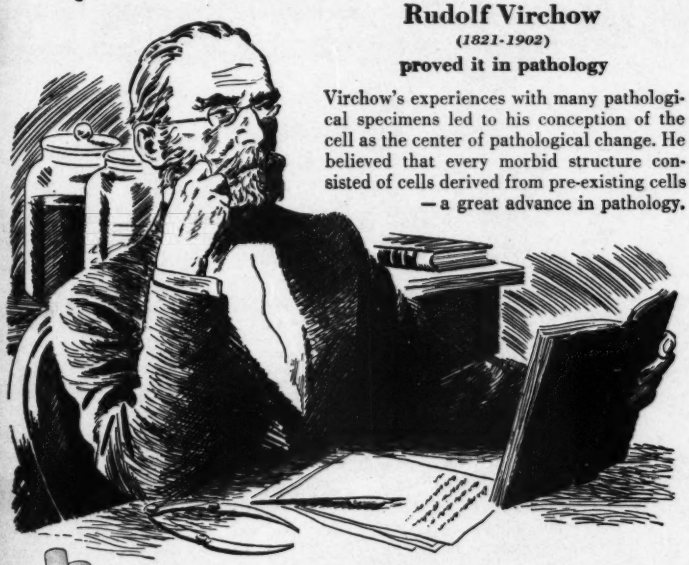


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Experience is the Best Teacher



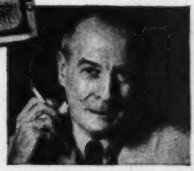
Rudolf Virchow
(1821-1902)
proved it in pathology

Virchow's experiences with many pathological specimens led to his conception of the cell as the center of pathological change. He believed that every morbid structure consisted of cells derived from pre-existing cells —a great advance in pathology.



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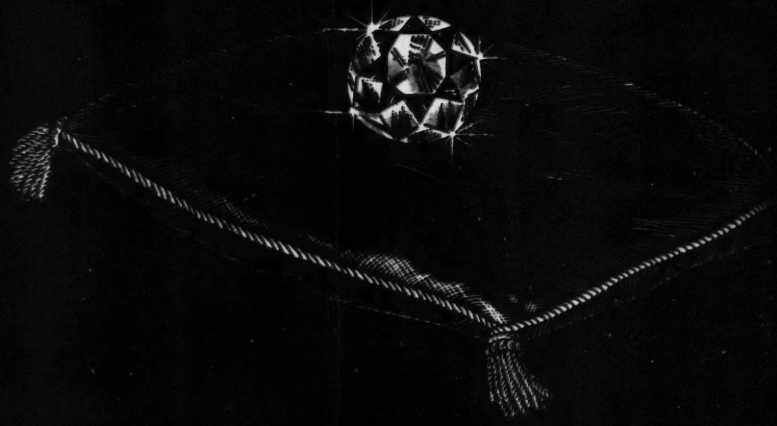
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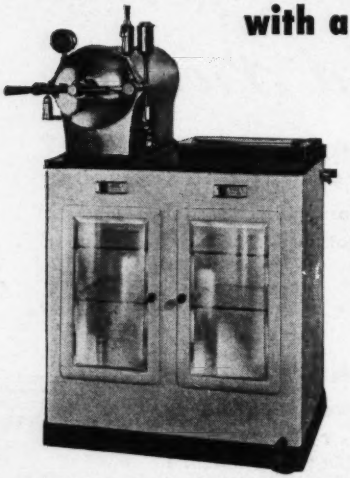
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5. The original reline material, accepted by the Dental Profession for eight years.

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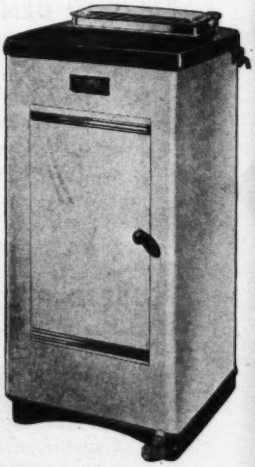
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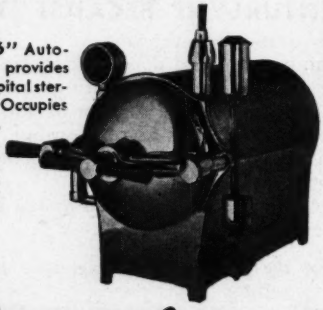
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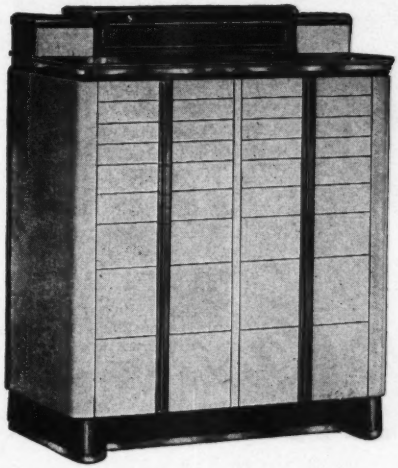
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Proportional Limit	41,600	79,600
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Brinell Hardness	145	241

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word in bridgework...400 B.C.

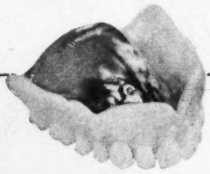


These false teeth may look crude to you . . . but 2300 years ago such bridgework was a dental wonder.

Etruscan dentists knew how to replace missing teeth with those of oxen, in either fixed or removable bridgework (one ox tooth was carved to simulate two human teeth). These were riveted to a band of gold ribbon, which was fitted securely to sound, healthy teeth in the mouth.*

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**From "History of Dentistry," by V. Guerini.*

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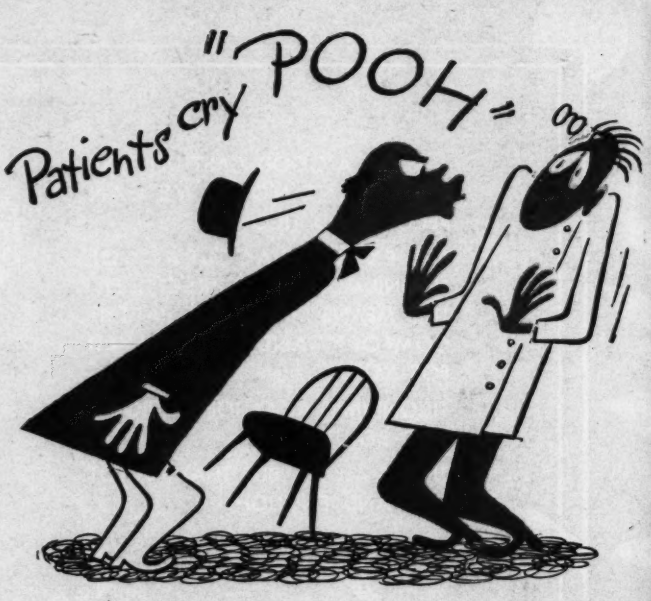
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Oral Hygiene

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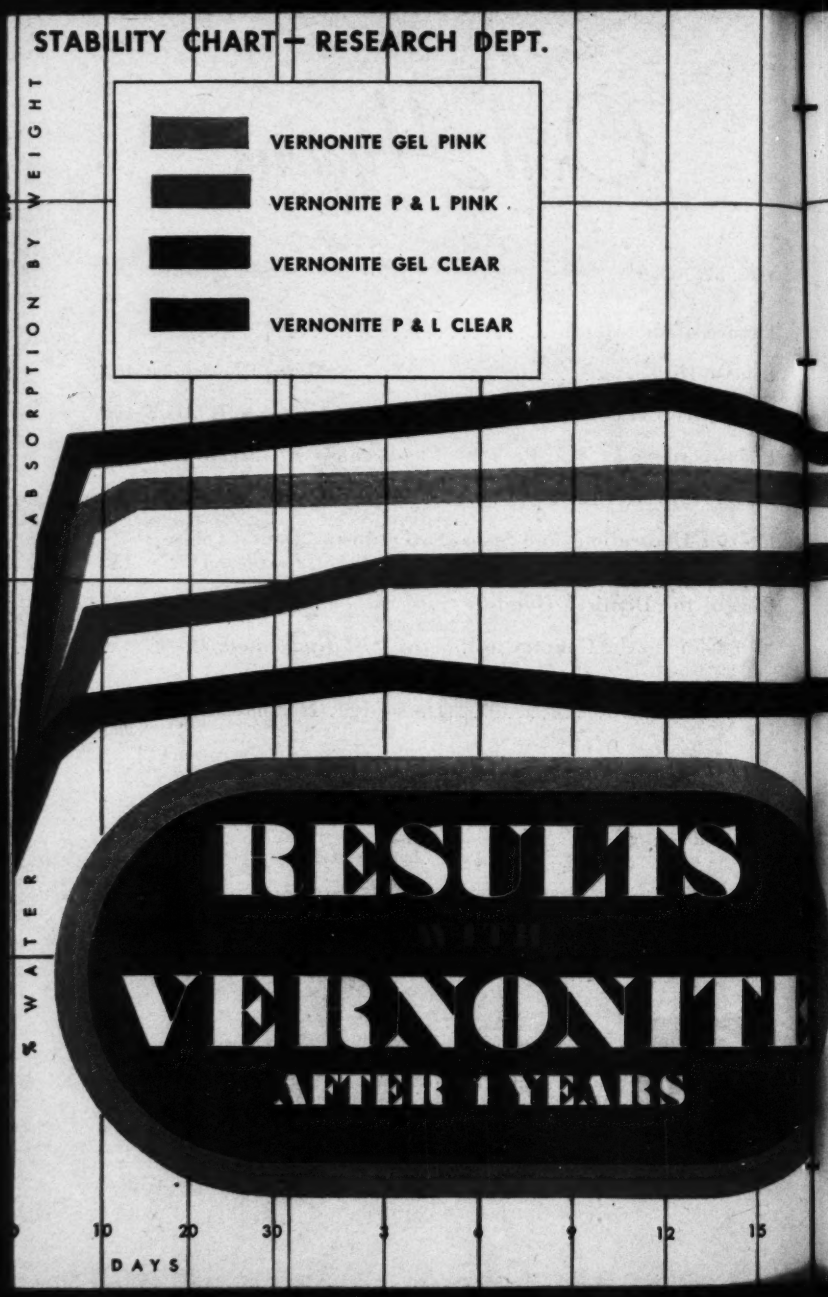
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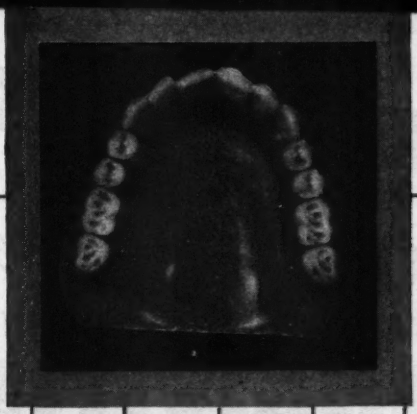
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21 24 27 30 33 36 39 42 45

MONTHS

Results of Clinical Investigation Show

Forhan's *with massage*

an IMPORTANT home aid in

GINGIVITIS

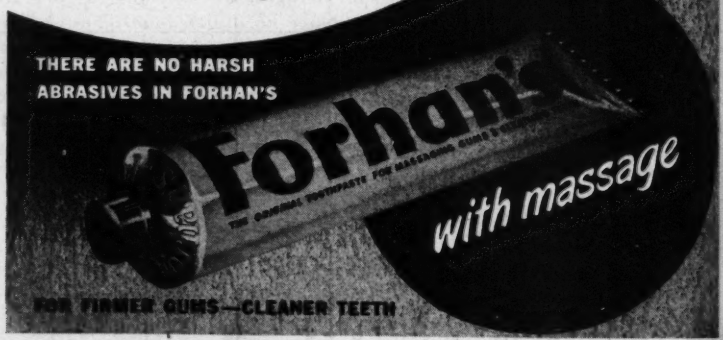
This is what a clinical investigation, conducted under practicing dentists, brought to light concerning the value of Forhan's with massage as a home aid in Gingivitis.

In the course of the investigation, hundreds of dental patients were individually examined. 795 were found to have Gingivitis. Approximately half of this number were given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

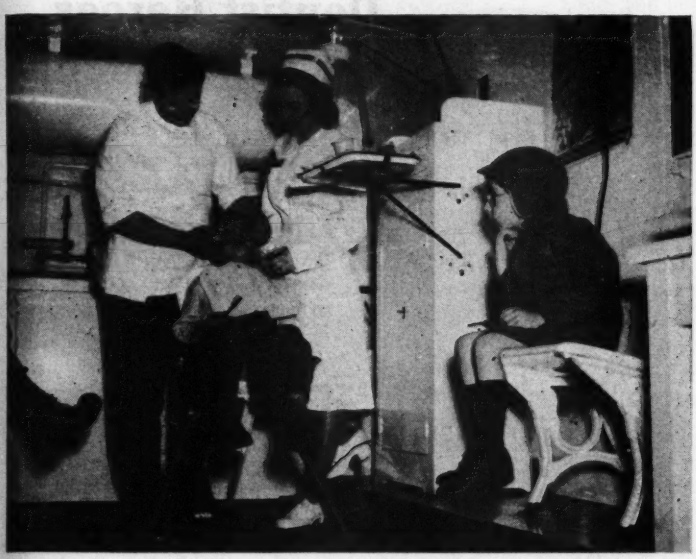
95% Gingivitis cases improved at end of 30-day test period!

95% of all the Gingivitis cases showed marked improvement at the end of this 30-day test period. And 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage invites your continued acceptance and recommendation—as a home adjunct to dental chair treatment in Gingivitis.



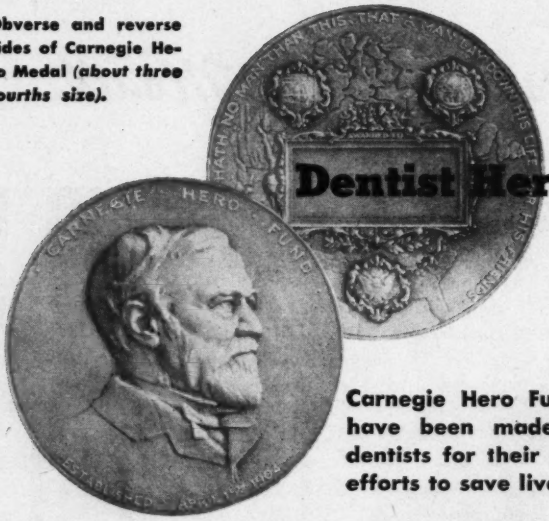
Picture of the Month



IN THIS new dental mobile unit now being used by the Philadelphia Board of Education for dental service to schools that cannot accommodate portable dental equipment, Doctor Anthony J. Perri, assisted by Mrs. Doris Feldman, dental hygienist, examines the dentition of Robert Cozzi, of the Francis Read Public School.—*Photograph by Veterans Photography Class, Bok Vocational School, Philadelphia.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 *Church Street, Evanston, Illinois.*

XUM



Obverse and reverse sides of Carnegie Hero Medal (*about three fourths size*).

Dentist Heroes

Carnegie Hero Fund awards have been made to many dentists for their courageous efforts to save lives.

By HENRY F. UNGER

FOR A MOMENT, Doctor R. Clarence Robinson was not certain whether he heard a scream. He listened tensely. This time he heard the cries for help.

Still weak from a recent illness, this dentist ran to the door where he stopped for a moment, breathing heavily. Then he ran toward the floodwaters of the Big Creek.

Guided by the weakening cries, Robinson waded into the rough water. The dentist, stroking rapidly, moved ahead for 80 feet through a thick drift. Dirt and scum seeped into his mouth. His eyes searched eagerly for the victims.

Suddenly outlined in the inky blackness of the night Robinson saw a woman, trapped in a mass of driftwood backed up at a culvert. The water was at least six feet deep. Robinson separated the debris with difficulty and fought his way to the woman. Almost exhausted, he pushed the drowning woman onto a log and towed her to shore.

Then Robinson ran to his home to get aid. Again he returned to the woman, who gasped that others were in the water. He waded quickly up to his shoulders, and then swam 50 feet with less speed. His sickness and the strong current were weakening him.

Robinson finally reached a tiny

girl. He gripped her by her hair with one hand and swam a few strokes through the drift. When he struck a submerged barbed-wire fence, he despaired for a moment, and then swam for 80 feet along the fence, resisting the pull of the current by keeping a firm hold on the barbed-wire with his bare feet. Nauseated by the water and weakened by the exertion, Robinson felt a fainting spell overcoming him. Desperately, he clung to the fence post and shouted for help. Fortunately, a passer-by heard his call, waded to him, relieved him of the girl, and aided him to the bank. Dentist Robinson was hospitalized for three months. His feet were lacerated and tetanus developed. A complete recovery from a nervous reaction took eighteen months.

For his heroic attempt to save the lives of Mrs. Nettie Pebley and Marjorie M. Christensen at Farmington, Utah, that summer night, Doctor R. Clarence Robinson was awarded the famous Carnegie bronze medal, $1,500 disablement benefits, and $1,000 toward a worthy project.

Carnegie Hero Fund

His name was inscribed on the roll of honor at the Carnegie Hero Fund Commission's headquarters in Pittsburgh. For Robinson fitted Andrew Carnegie's definition of a "hero of civilization"—one who tries to save a life with full knowledge of the danger involved but with no thought of reward.

In the forty-three years since the Hero Fund was set up, more than 3,300 persons have been awarded bronze, silver, or gold medals. Many dentists are recognized in the Commission's annual reports. Although the stories of other heroes on the honor roll tell of battles with water, poison gas, fire, electricity, wild animals—all waged on behalf of the other person—the rescues and heroic acts by dentists all occurred with drowning persons. More than 38,000 applications have come in from persons eager to record their deeds and win medals and cash. But standards of eligibility remain strict; otherwise, the Fund soon would be exhausted.

No one is eligible who must save lives in the course of regular duty. This eliminates firemen, lifeguards, policemen. The professional, the Commission believes, incurs far less risk than the amateur.

But there is no dearth of amateurs—certainly not among dentists. One dark night, Doctor Albert E. Hurwith was attracted by the shouts of a drowning woman near Long Beach, California. She apparently had lost her footing in the shoulder-deep San Pedro Channel and had been carried into deep water. The dentist could not see her from the shore.

Fully clothed, this dentist plunged through the breakers which were crashing in 5-foot heights. For 100 feet he struggled forward in the rough water, hoping that he was swimming in the direction of the cry. Suddenly searchlights on

the shore were trained on his area. He was surprised to find the young woman a few feet away from him. He swam toward her. Despite his own exhausted condition, Hurwith supported the woman for ten minutes until a lifeboat arrived. Both the rescuer and the woman fell exhausted into the boat, but they were soon revived.

Risking his life to save another brought Doctor Hurwith the coveted bronze medal and $500.

Financial Awards

Money awarded by the Commission must be spent well. Not all heroes receive cash awards. Only needy heroes win financial assistance. The winner may need a house, a car, an operation, have debts to pay. If he is disabled by reason of his brave deed, as in the case of Doctor Robinson, he is particularly well rewarded financially.

Hero medals and cash awards were far from the mind of Doctor Walter D. Huntington, 49-year-old dentist, as he sat on the bank of the Columbia River near Camas, Washington, watching 9-year-old Elizabeth Woodruff wade in the water.

The girl, wading to neck-deep water 35 feet from the bank, was caught suddenly in the fast current. She tried to swim, but the current was too strong. Huntington, who was recovering from a serious illness, ran to the bank, waded for a few moments, and then swam for 10 feet toward the girl. A poor swimmer, the hero grabbed the girl and attempted to swim with her. The strain was too great and both submerged twice.

No match for the current, the dentist thrashed the water desperately, still clutching the girl. He felt unconsciousness creeping over him, but, eager to save the girl's life, he used his last ounce of strength to push her toward the bank. He then sank exhausted with only his hand visible.

Attracted by the struggle, the girl's father rescued his daughter who by Huntington's shove was pushed to shallow water. A young woman rescued Huntington. The dentist was revived after many efforts, but he remained disabled for two weeks.

For his determination to rescue the child at his own risk, Doctor Walter D. Huntington became the owner of a bronze medal and $1,000.

Heroes Drown

Not all heroes live to receive their reward. Such was the case of Doctor Walter H. Fisher, who died trying to save Roy R. Scott, a plumber's helper, one cold February afternoon in Hollins, Virginia.

Scott broke through the thin, honeycombed ice on Corvins Cove Reservoir 273 feet from the bank, and plunged under the ice into water 9 feet deep. Coming to the surface, Scott tried to hold to the edge of the ice, but the ice continued to break.

Doctor Fisher, who could not

swim, walked 48 feet to within 2 feet of the hole, leaned forward and extended his hand toward the drowning man. Anxiously, Scott extended his hand toward the dentist. Their hands touched. Suddenly the ice broke with a sickening crackle under the hero. He plunged into the icy water. Frantically, both men grabbed at the edges of ice, which continued to break off. A few attempts and the men submerged and drowned.

Mindful of Doctor Fisher's heroic sacrifice, the Commission presented a bronze medal and $500 to his surviving father.

Another dentist hero gave his life in Fremont, Iowa, one summer afternoon, when he tried to save 15-year-old Claude G. Milligan from drowning.

Milligan, swimming in the Skunk River, was caught in an eddy in a hole 8 feet deep. The boy screamed. Young dentist Lloyd A. Osborne, a nonswimmer but determined to save the boy, waded to chest-deep water at the edge of the hole. He grasped Milligan's hand, and then he either stepped into the hole or was pulled through by the boy. Milligan frantically swung around to the hero's back, gripping him around the neck. The two, fighting desperately, submerged three times.

Another man, swimming from shore, took hold of the dentist's hand, made a stroke or two, and was then grabbed and pulled under the surface. The three were drowned.

The Commission awarded a bronze medal to Doctor Osborne's widow, $75 monthly payments until further notice, and $5 monthly payments to a son until he was no longer a dependent.

Claims Checked

To keep "fakers" from receiving the famous award, the Hero Commission checks every claim with meticulous care. Often field men duplicate a given feat as nearly as possible to make sure of its risks. The field men plunge into water, are lowered into gas-filled mines, expose themselves to every type of danger.

There was no questioning the heroic qualities of Doctor Grover C. Hunter when he tried to save the life of 3-year-old J. Thomas Carter in Lagrange, Georgia, one summer afternoon.

While riding past an abandoned well, Doctor Hunter gasped when he saw a child dangling on the edge of the well. He slammed on his brakes and ran toward the well. But the child tumbled over the side of the well when the dentist was still a few feet from him. Doctor Hunter peered into the well. It was about seventy-five feet deep

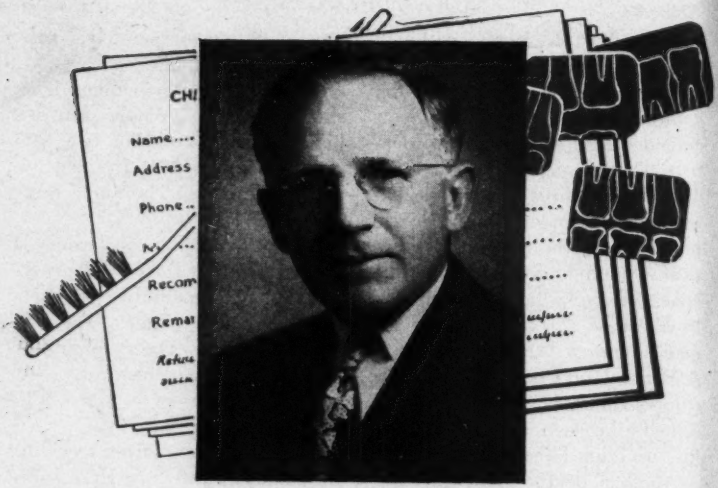
(*Continued on page* 1542)

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ORAL HYGIENE AWARD

This month's $100 ORAL HYGIENE *award for the best article published has been won by* HENRY F. UNGER.

★ ★ ★ ★ ★ ★ ★ ★



Preventive Dentistry as a Practice-Builder

By GEORGE B. FRITZ

THE END OF the wartime boom, with its inflated prices and loss of overtime pay, has already produced a dampening effect on family budgets. Economists may disagree over the probability of a coming depression, but they all concede that the days of "easy-come, easy-go" are over. Dentists, like everyone else, are going to feel the pinch of curtailed purchasing power in the days ahead, and judging from past experience, they are likely to feel it sooner than the grocer or the baker.

Let us assume that an economic slump *is* in the offing. How many dentists are ready with a workable plan to weather the storm? How many are even partly "depression proof"?

A Madison, Wisconsin, dentist—

This dental care plan provides insurance against economic slumps for the dentist and improved dental health for patients.

Alfred J. Peetz, D.D.S.[1]—has built a practice designed to assure him a stable income in bad times as well as in periods of prosperity. His formula calls for compulsory participation, by nearly all of his patients, in a preventive dental care plan with annual fees payable in cash and in advance. Last year he realized $10,822 from this source alone. This year, with 987 patients enrolled in the plan, he will do even better.

Preventive Care Plan

Doctor Peetz has operated his plan successfully for eighteen years, originally as a bulwark against depression, and later as a practice-builder. Shortly after Doctor Peetz went to Madison in 1929 to establish his practice, the stock market crashed and patients began staying away from his office in impressive numbers. Many of those who did come either had little money or paid their bills irregularly. It was at this point that he instituted his preventive care program. He did it to save his practice. But he also did it because he is convinced that it makes for good dentistry. And he did it with the encouragement of older and more experienced dentists from whom he sought advice.

Other preventive plans, of course, had been tried. Doctor Peetz studied them carefully and adopted those features which best suited his own needs. His plan operates today much as it did in the days of depression.

Participation is compulsory except in the case of university students and other transients, and strangers who come to him for alleviation of pain or an extraction. The program is geared to serve permanent residents of Madison who are his permanent patients, and these are the people who are obliged to enroll.

Yearly Fee

Each patient pays a yearly fee in advance. Doctor Peetz charges $15. This entitles the patient to annual bitewing x-rays, full mouth roentgenograms every third year, preventive care every four months, and instructions on care of the mouth and teeth, including proper toothbrush technique. The fee does not entitle the patient to treatments of any kind; regular charges are made for these services.

Ordinarily, the plan requires Doctor Peetz to give individual attention to each patient only once a year. He employs two hygienists who teach toothbrush habits and conduct the examinations when patients call for their three-times-a-year preventive care. However, he is called in whenever a hygienist finds any evidence that treatment

[1]Doctor Peetz is a graduate of Marquette University, a member of the Academy of Periodontology, and a staff member at St. Mary's Hospital in Madison.

XUM

is indicated. Hygienists carefully inspect each surface of each tooth.

"Acquaintance Card"

When an unknown patient enters the office, the secretary hands him a printed "acquaintance card" calling for detailed personal data, and he is asked to fill it out at once. The completed card shows the patient's name, age, address, marital status, place of employment, the name of the person who will pay the bill, and the name of the person who referred the patient. The secretary immediately telephones for a credit rating and hands the card to Doctor Peetz so he can see it before he sees the patient.

Suppose the card shows that Mrs. Jones has referred the patient. As he greets the newcomer, Doctor Peetz pays a compliment to Mrs. Jones, and adds: "I suppose she has told you about our preventive dental care plan." If the answer is "yes," the new patient has usually already made up his mind to participate. If it is "no," (or if the patient has been referred by no one), Doctor Peetz outlines the plan in detail, repeating the most important points two or three times. He then explains that the patient must join before he can receive treatment.

He takes pains to avoid creating an impression of arbitrariness. "I want my patients to have clean, healthy mouths," he tells prospective patients. "Experience has shown that the only way to assure dental health is to insist upon a regular, systematic program of preventive care. If you are interested enough in your dental health to want to prevent serious difficulty later on, I want you as a patient. But if you are not that interested, then I'm afraid I'm not willing to undertake the responsibility of accepting you as a patient."

This approach has proved remarkably successful. Fewer than 1 per cent of those who have come to him as prospective permanent patients have refused to participate, Doctor Peetz reports.

Once a patient agrees to join, he is given an appointment, told to bring his toothbrush along, and informed by the secretary that it is customary to pay the yearly fee on the first visit.

"Preventive Treatment"

When the patient appears for his first appointment, Doctor Peetz begins by telling him exactly how to care for his teeth, and the correct angle at which to hold his toothbrush. During this demonstration the patient stands before a large model and uses his own brush while Doctor Peetz outlines proper technique. All instructions are repeated two or three times. Such words as "cleaning" or "prophylaxis" are never used. Care of the teeth is always referred to as "preventive treatment." (Sometimes, on subsequent visits, the hygienist reports that a patient is not taking care of his teeth. On such

occasions, Doctor Peetz sees the patient himself. He stresses the fact that the patient is not assuming his responsibility and he tries to find the reason why. He warns the wayward patient that he must cooperate if he wants to continue to receive treatments in that office. And then the patient is once again asked to bring his toothbrush the next time and the complete technique for care of the teeth is repeated.)

At the end of each four-month period, the patient receives a postcard reminding him that he is due for a checkup, and asking him to telephone for an appointment. If he fails to telephone within thirty days, or if he makes an appointment and does not keep it, he loses the appointment.

Doctor Peetz believes his plan offers four major advantages:

1. It is a practice-builder. "When you or your assistants see a patient three times a year," this dentist reports, "you seldom find that extensive treatment has to be performed at any one time. But you often find that minor restorative services are indicated. Almost every patient will find the money for a restoration when he considers that he is paying a yearly fee for a service expressly designed to prevent minor conditions from growing into major difficulties. You have three opportunities a year to show patients what they require, and you can count on seeing them that frequently because people nearly always go to get something they have already paid for."

2. It provides insurance against economic slumps. "If you can get even as few as one hundred patients enrolled in an annual prepayment preventive care plan, you have the nucleus of a practice that will carry you through bad times," Doctor Peetz reports. "A survey conducted during the last depression showed that the dentists whose finances were the soundest were usually those who had some type of preventive program in effect. As a profession we are not preventive-minded enough. And yet prevention is good business and good dentistry."

3. Patients like it. "One of my problems concerns old patients who move to other towns. Time and again they have come to me asking that I refer them to dentists in other cities who operate similar plans. A number of my old patients who now live elsewhere still come back to Madison three times a year because they like my plan and have been unable to find another like it."

4. It makes the practice of dentistry a joy. "No dentist likes to operate on a dirty mouth. I can say truthfully that my patients have cleaner, healthier mouths by far than the average."

While Doctor Peetz believes that his plan, or some variation of it, will be a success for most dentists, he realizes that individual factors vary considerably, and he does not advocate wholesale adoption of his program. He admits, too, that he has encountered some criticism

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from colleagues in neighboring towns.

He is careful to point out that he does not regard his plan as anything like a perfect solution to the problem of preventive dentistry. For example, he concedes that many dentists would prefer more than three visits a year, and that others would require roentgenograms more frequently than once a year.

But he also believes that its advantages far outweigh its drawbacks. It satisfies his economic demands by assuring a stable income and by building a permanent practice. It satisfies his professional pride because it enables him to perform the kind of dentistry that he believes is best for his patients.

210 *East University Parkway*
Baltimore 18, *Maryland*

DENTIST HEROES

(*Continued from page* 1537)

and covered with a deep base of water. He glanced around for assistance. Not even a rope was handy.

Doctor Hunter, feeling with his legs for any recesses in the sides of the well, began the slow, treacherous descent. The clay walls loosened as the dentist's foot probed for a firm footing. Fright gripped him as he slipped for 10 feet. For a second he heard the clay plunging into the water below.

Attracted by the falling clay, passers-by rushed to the well. They shouted encouragement. Soon men arrived with a rope. It was lowered to the hero. As he sat on a ledge 9 feet from the bottom, the dentist encircled the baby with the rope and raised him from the water. He could see that the child was dead. Tied securely, the child was raised to the surface and then the hero fastened the rope to himself and climbed to the top of the well. His reward was a silver medal.

In all corners of America, dentists have seen their fellowmen in danger. That they have tried to save them is shown by the long list of names of courageous dentists inscribed on the Carnegie honor roll for all to see.

14315 *Milverton Road*
Cleveland 20, *Ohio*

THE COVER

OUR COVER is dedicated to the Seminar on Dental Medicine which will be held in Yosemite National Park, October 19-24. The photograph shows mighty Yosemite Falls.



PRACTICE The Way You Preach

By ***BERNARD J. GARN, D.D.S.***

Does the dentistry practiced in your office differ widely from sound dental theory?

THE PRESENT-DAY practice of dentistry can be a most enjoyable and rewarding vocation. It involves elements of science, of art, and of craftsmanship. Its purpose is the prevention and cure of human suffering and disfigurement. Its rewards are more than sufficient both economically and socially. What other calling can offer its members such a combination of satisfying effort and satisfying rewards?

Unfortunately, the wonderful nature of our profession does not usually remain as apparent in practice as it does in theory. Dental conventions are regaled with lectures on preventive dentistry and outstanding means of restoration. Dental schools and meetings are temples of science and art. But the offices of dentists are filled with patients who have been made to suffer needlessly by the vast difference between the theory and the fact of dental practice. And the men who run these offices are likewise made to suffer by not being able to practice and live to the fullest enjoyment of their talents.

There are three major points on which practice diverges widely from theory; and if these were eliminated both patient and dentist would benefit immeasurably.

The first of these is represented

by the *lack of preventive and operative service.* The greatest abomination in the field of dentistry is the office that avoids all operative treatment. There are literally thousands of practices conducted in this manner. "If a tooth hurts we take it out—if it doesn't hurt we don't find any cavities." Usually these charlatans place the blame for their conduct on patients: "They don't like drilling." But the cheap nature of the restorations they do make demonstrates that it is greed and laziness that motivates them.

The disregard for periodontal services is even more widespread. With the knowledge and skill at our command to arrest, cure, and —most of all—prevent periodontal disease, millions of patients are doomed to lose their teeth because of lack of care.

Undoubtedly, the practitioners of this atrocious form of dentistry find it expedient from a financial point of view. And each one blames his neighbor for starting it. But unless these hateful practices are discontinued, the profession as a whole will continue to lose millions of patients each year who would otherwise be friends and grateful recipients of good dentistry.

Type of Treatment

The second point on which practice differs from theory is the *type of treatment rendered.* An honest dentist has three things to sell: his knowledge, his skill, and his time. Yet there are many who are merchants in silver and gold; salesmen of porcelain and plastic; peddlers of films and restorations.

The abuses that result from such misrepresentation can only be blamed on the dentist. Many a patient has had six unextended pit restorations done on a molar and then lost the tooth because no roentgenograms were taken and proximal caries exposed the pulp. At $5 a restoration the tooth cost the patient $30 and then was lost. But because of the distortion of facts that is prevalent among dental practitioners, it would be almost impossible to convince that same patient that a roentgenogram and a three-surface restoration should merit a $15 fee.

Much patient antagonism, and headaches for the conscientious dentist, are developed by the common practice of explaining a high fee by the "value of the gold" and then contemptuously allowing little or nothing for the same gold when the restoration has to be replaced.

These misconceptions on the part of patients make it difficult to practice dentistry as it is envisaged in theory. They have been started by dentists, they are perpetuated by dentists, and—if the profession is to flourish—they must be corrected by dentists.

Manner of Treatment

The third point on which practice diverges from theory is in the *manner of treatment.* The manner

in which most dentists render treatment is unsatisfactory. This fault is almost universal and it causes much hardship to the profession and to patients. And, like the other major difficulties in the way of an ideal practice, it results from the stupidity and cupidity of the members of the profession.

When a patient is anesthetized and given an appointment of an hour's duration, it is possible to render competent service with comfort and ease for both the operator and the patient. Furthermore, the saving of time involved will permit the dentist to charge lower fees for the same amount of treatment and still have a greater income for the time he operates.

It would seem incredibly stupid for a surgeon to do an appendectomy without anesthesia and have the patient return five or six times without completing the operation. It is equally stupid for a dentist to have a patient return three times for the completion of one amalgam restoration—without anesthesia.

There are two reasons for the prevalence of dentists on the "cotton exchange." First, they allow the patient to pay his bill in small installments, and they make him think that he is receiving more treatment. (When a patient makes five visits to an office, waits for half an hour, and then spends ten anguished minutes in the chair at each visit, it certainly seems like more is being done than when he makes one visit, does not wait, and spends a comfortable hour in the chair.) Second, the dentists like to keep their reception rooms full to impress their patients with the size of their practice.

No man can see four or more patients an hour and perform first-rate operative dentistry on all of them. And any man with more than two patients in his reception room is wasting his time and the time and money of the patients.

These abuses are real. They are a large and malignant growth on the body of our profession. And they can be remedied.

In this, as in all human progress, the only solution lies in the betterment of the individual dentist. Let us keep these problems out in the open at our meetings and conventions. Let us use every means within our power to acquaint the general public with the facts about dentistry.

It is good to preach the ideal of practice, but we cannot ignore the obstacles to that practice. Only by broadcasting and repeating the truth about these abusive methods can we rid ourselves and our patients of their influence.

Only then can each one of us attain his full stature as a scientist, as an artist, as a craftsman, and as an honorable and respected man among men.

57 *West 57th Street*
New York 19



Partnerships in Dental Practice

By RENZO DEE BOWERS, LL.B.

A PARTNERSHIP in dentistry is governed by the same legal rules that apply to an association of physicians or surgeons practicing together. In both instances the law is the same, in general, as that provided for any trade or business conducted in partnership, when due allowance is made for the fact that no barter, or sale, or traffic in goods, wares, and merchandise is involved.

In legal phrase, "A partnership is an association of two or more persons to carry on as co-owners a business for profit." In the profession of dentistry there is understood to be, in addition, the social and benign purpose of alleviating human suffering and preserving the health of the people; but basically the profit motive is the predominant one in a professional partnership in like degree as in any trade or business.

Formation of Partnerships

In its inception, a partnership is formed by agreement, either expressed in words or implied from conduct. If expressed in words, it may be either written or oral. No formality is required in making the agreement. The essential factors constituting a partnership are that the parties are to be co-owners of the practice and to share in the profits. They must also agree as to what each is to contribute by way of capital or services, and the share of each in the income.

One of the questions which courts are sometimes called upon

to resolve is the primary one of whether or not a partnership existed between the litigating parties. It can often make a difference as to the legal liability of one or the other. For instance, a father furnished money to fit up offices for his son to start him in practice. Later the son was behind with his rent, and gave a note for the arrears. The landlord finally sued on the note, and sought a judgment against the father on the claim that he and his son were partners. The court denied this claim, ruling that the father did not share in the income, and had not agreed to pay any of the expenses, and so was not a partner.

Sharing of Profits

But notice the other side of the picture. Two brothers had been practicing together for some time under a rather loose understanding that each could draw a reasonable portion of the income after paying office expenses. Finally, they made a definite agreement whereby the elder was to draw a salary of $75 per week and 40 per cent of the profits, and the younger was to draw no salary but to receive 60 per cent of the profits. In time differences arose between them, and one sued the other for an accounting. The court found that a partnership existed between them, since they had agreed to share the net profits of the practice, and that there would have to be an accounting between the partners.

A practitioner, about to enter the Army, agreed to permit his assistant to continue occupying his offices and laboratory and to practice for his patients during his absence. The income was to be used first for expenses, and the balance was to be divided equally between them. A court held this arrangement to be a partnership.

While the sharing of profits is a badge of partnership, it is not always sufficient in itself to prove that relationship. For instance, there may be the relation of employer and employee in which the employee is to be paid a percentage of profits as compensation. A practitioner may make such an arrangement with his receptionist, a dental assistant, or even another dentist, without thereby creating a partnership, the difference being that a mere employee owns no part of the practice and is not responsible for office expenses.

Court Case

An outstanding case involving this point went through the Missouri courts. A dentist of high rank in the profession shared with three other practitioners, who had formerly been his employees, a suite of ten rooms leased in his

name. Under their agreement, the gross income of each member of the group was to be paid into a bank account opened in the names of two of them, and all expenses were to be prorated according to the net earnings of each of the four. Each was to have a drawing privilege, and annually the surplus was to be "paid to the said parties in proportion to the net earnings of each." Different interpretations being put upon this agreement by the parties, two of the former employees sued the two who held the bank account for an accounting of profits. The senior dentist claimed that the other three merely continued to be his employees under an arrangement whereby they were to be compensated out of their own earnings in quarters furnished by him. But the court ruled that the four were partners, basing its findings largely upon these facts: The names of the individual members were inscribed upon the entrance door and upon billheads and other office stationery, the group were charged individually out of their gross earnings for expenses, and finally were to share in the entire surplus, although in proportion to the net earnings of each.

But, it may be asked, what is the legal significance of being partners? What is the difference between a partnership and any other business association?

In dental partnerships, in addition to his right to share in the profits, a member is responsible for payment of the expenses, such as office rent, purchase of supplies, pay of employees; and—a most important feature—he is liable for whatever his associate may do in conducting their mutual affairs. This latter incident of the relation is chiefly what distinguishes a partnership from either a corporation or an employer-employee arrangement.

In legal contemplation, each member has a right to do anything he sees fit in partnership affairs, and the other will have to stand for it and be responsible for any obligation created. The only limitation is, as the law says, that the act of one, to be binding upon the other, must have been done "within the scope of the partnership business."

Let us say, for example, that, without consulting his associate, one partner buys on credit a new piece of equipment, has the offices refurnished, hires a new employee and agrees on the salary, or borrows money at the bank to pay expenses and gives the firm note. In any such case, though he may object strenuously, the other partner becomes personally obligated by his associate's act. It is the same with any contract either partner makes, so long as it has relation to a matter concerning their practice; the firm and all members are responsible for the obligation.

Moreover—and this is what may make a partnership hazardous—the firm itself and all members

individually are liable for the torts of any other member. A tort is an act defined by the law as "a civil wrong not arising from breach of contract." It is a wrongful or negligent act for which a third party, if injured by it, could sue and collect damages.

In a dental partnership the most onerous and dangerous feature of this legal rule is that it makes an innocent partner financially liable for any act which his associate may do in the practice that falls within the designation of malpractice. It may be an act of negligence, incompetency, lack of judgment or diligence which causes injury to a patient. The general liability is fixed by law: If a judgment for damages can be obtained by the patient against the guilty dentist, it can also be obtained against his firm and against every other member of it.

Dissolution

The foregoing expositions relate to the formation of the partnership and its operations as a company. Like everything worldly, there will come a time for it to end. How will that be accomplished?

Dissolution is the formal step. That may result simply from an expiration of the time named in the original contract. If none is named, it generally is accomplished by mutual agreement whereby the partners merely cease practicing together and work out an accounting of their affairs. Death of either member will dissolve the firm, and an accounting will be had between the survivor and the deceased's heirs.

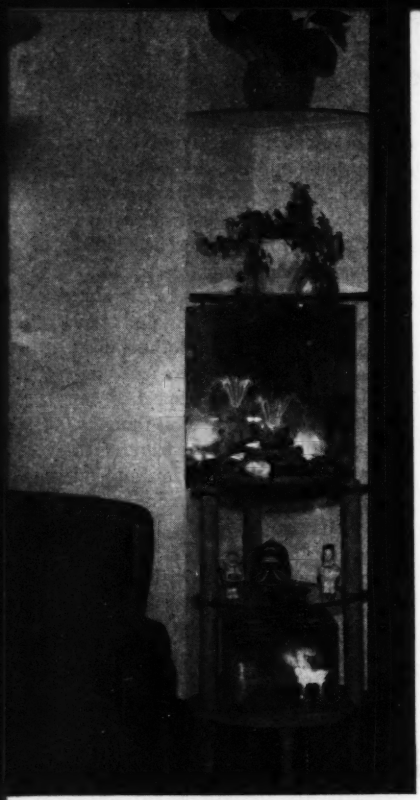
Generally, no court proceedings will be necessary. But occasions may arise when differences and dissensions between the partners exist; when one desires to dissolve the firm before the stipulated time for its end, and the other does not; and when an agreement cannot be reached with respect to accounting for firm credits, moneys, and property. Either party has a right to seek a dissolution and an accounting in court; an indissoluble partnership being a thing unknown to the law.

One ground upon which a court will always order a dissolution is that a partner has become permanently incapacitated, either mentally or physically, for performance of his duties. Habitual intoxication, dishonesty, false accounting, taking an undue share of firm income, are other grounds upon which a court will order the association ended. Differences, dissensions, and chronic hostility are also recognized as sufficient causes for a judge to terminate the relation upon the application of the innocent partner.

But there is a qualification of this rule. Occasional disagreements or outbursts of temper will not be considered sufficient for a court to dissolve a firm before the date agreed upon for its ending.

527 *Summit Avenue*
Hagerstown, Maryland

XUM



This corner of the reception room has a fountain and flowers with a mirror on each side which magnifies the picture showing two fountains instead of one.—*Photographs by Rode Photo Service.*

Interior Decorations and Space Savers in the Dental Office

This dentist tells what he did to convert a small space into an adequate and attractive dental office.

By E. AUBER PEEBLES, D.D.S.

THE SHORTAGE of office space in Los Angeles made it necessary for me to divide 350 square feet into the equivalent of seven rooms.

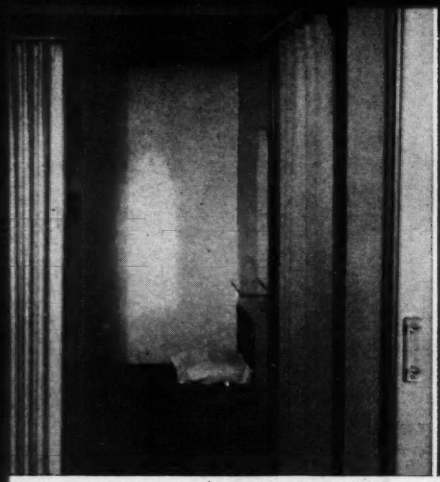
Both ends of the reception room are illustrated here. The fountain and flowers are excellent fear-allaying agents—the chairs and couch are not only attractive but comfortable and have a seating capacity for six patients. A large mirror at one end of the room gives



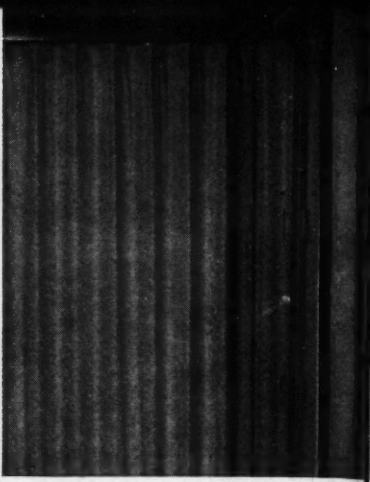
This end of the reception room provides comfort and interest by the use of paintings, hand-stamped metal pictures, and the best and latest magazines.

it the appearance of being larger than it is. An oil painting, as well as a few other well-chosen pictures on the walls, greatly soften the atmosphere. As for wall covering, there is nothing more soothing than light tan; it is not depressing and cold like some shades of green such as now are being used.

In the business part of the office we have the secretary's desk at one side of the entrance, and a recovery couch and vanity mirror at the other end, enclosed by a unique sliding accordionlike door as illustrated. Four such doors make it possible to have two operating rooms, a developing room, a sterilizing room, and a small private office which also has a recovery couch. The two recovery couches make it possible to have the operating rooms available for more patients.



Here the doors are open, adding much to the rich appearance and apparent size of the office.



The spacesaving doors are closed to make the recovery room private, creating a quiet and artistic setting.

Another spacesaving plan is the storage room underneath the recovery couches, with sliding doors concealing the contents. There are also spacious built-in storage cabinets in the private office and in the sterilizing room.

Because of the general arrangement and several large mirrors which make the space seem double in size, no one has ever mentioned the fact that the office is small. This space is planned for oral surgery, but the same economical arrangement may be used in an office for general practice.

In these days of high rentals, this office plan has reduced my rental expense 45 per cent, which is further proof that good planning reduces overhead.

1052 *West Sixth Street*
Los Angeles 14

AMERICAN ACADEMY OF DENTAL MEDICINE TO MEET

THE AMERICAN Academy of Dental Medicine is planning to hold a luncheon meeting on December 7, preceding the Greater New York Meeting.

At the first annual meeting of the Academy held last June, an honorary membership was awarded to Doctor Walter Henry Wright, Dean of the New York University College of Dentistry. In accepting the award, Doctor Wright urged the cooperation of dentists and physicians for the betterment of health services to the patient.

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So You Know Something About Dentistry!



QUIZ XXXVI

1. The correct dosage of acetylsalicylic acid is (a) two grains, (b) ten grains, (c) five grains, repeated once in three hours if necessary. .....
2. Is it possible to determine the vitality of the pulp roentgenographically? .....
3. There are (a) two, (b) three, (c) four, kinds of papillae in the surface of the tongue. .....
4. Porosity of gold castings results usually from (a) occluded gas, (b) a poor wax pattern, (c) improper mixing of investment, (d) localized shrinkage. .....
5. Resorption of the roots of the deciduous teeth begins about (a) one year, (b) two years, (c) three years, after the roots are fully formed. .....
6. Do the self-hardening acrylic denture lining materials shrink on hardening? .....
7. Is erosion of the teeth (a) a chemical-infective process, (b) a chemical process, (c) an infective process, (d) a process which truly can be attributed to mechanical attrition? .....
8. Does the curve of the glenoid fossa become flattened or exaggerated with increasing age? .....
9. Penicillin is an effective adjunct in the treatment of (a) rampant caries, (b) Vincent's infection, (c) leucoplakia, (d) infected pulps. .....
10. Is the quantitative estimation of salivary lactobacillus acidophilus a relatively accurate criterion of the degree of activity of caries in the mouth? .....

FOR CORRECT ANSWERS SEE PAGE 1578



Chemical dermatitis of the hands caused by soap and water.

Care of the Dentist's Hands

By LESTER HOLLANDER, M.D.*

A dermatologist discusses the diagnosis and treatment of skin conditions likely to result from dental practice.

*Medical Director, Pittsburgh Skin and Cancer Foundation.

ALMOST ANY disease of the skin of the hands will interfere with a dentist's practice. Many of his procedures depend on his ability to wash his hands frequently, to be able to handle chemicals, plasters, instruments, and all manner of substances; and much of his own protection against infection depends on the unbroken continuity of the skin of his hands. Paradoxically, however, dentists frequently are subject to skin diseases of the hands.

Friction Dermatitis

The greatest cause of skin diseases of the hands of dentists is presumably mechanical in nature. Friction occasioned by frequent scrubbing of the hands is the exciting factor. The almost imperceptible but multitudinous abrasions of the epidermis produced by the scraping action of the bristles of the handbrush, unless rapidly repaired, may open the way for calamitous skin damage since they permit the adventitious action of irritants present in water, soap, chemicals, medicaments, and abrasives, which produce an inflammation of the skin. This we designate as a *dermatitis.* Since a damaged skin is unable to keep the ever-present pathogenic micro-organisms at bay, they too participate to produce detrimental annoyances by

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an invasive attack on the barren tissue cells which have lost, through this friction damage, their horny cutaneous armor.

The treatment of friction dermatitis consists of the following steps:

1. Mechanical and elemental damage must be eliminated by the discontinuation of the abrasive action of brushes, rough towels, and even of the use of soap and water.
2. The hands are to be washed with a warmable clear skin oil.
3. The hands are to be dried with a soft cotton towel, using a patting action and avoiding rubbing.
4. Soft, pliable, thin gloves should be worn outdoors. A suede-like fabric glove is the best.
5. Before retiring, a protective paste, preferably one which can be warmed, should be spread over the hands and kept in place by a suitable bandage or thin cotton gloves.
6. If the dermatitis is severe and painful, the addition of one to two per cent of lactic acid to the protective paste is of inestimable value.

Chemical Dermatitis

Soaps, antiseptics, alkalies, acids, hand lotions, drying agents, and water, singly or in consort, may be responsible for the development of a dermatitis of the hands. Since the dermatitis results directly from a deleterious chemical action, we designate it as a chemical dermatitis. Although rarely is the searing role of chlorinated water remembered and discussed in the consideration of a chemical dermatitis, as a matter of practical experience, it is a much more frequent cause than all other chemicals combined.

A chemical dermatitis usually makes its first appearance as a fine, pinpoint-sized, vesicular (blistery) eruption on the fingers, on the back of hands, or on the interdigital areas. At first there is but slight itching and tingling to cause annoyance. Periodic remissions are followed by both subjectively and objectively more and more severe attacks. At last no re-



Chemical dermatitis caused by a strong disinfectant.

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mission occurs, and the dermatitis persists; furthermore, it becomes strongly and permanently imbedded. The skin smarting from this unyielding inflammatory reaction changes to become thicker, darker, tougher; it loses its elasticity, its supple texture; motion causes pain and discomfort. Shallow cracks appear which later deepen, ready to receive a secondary invasion of pathogenic bacteria that partly, if not totally, incapacitate the dentist.

In the treatment of a chemical dermatitis the elimination of all irritants is imperative. The substitution of soapless detergents used with water also is prohibited. The hands are to be left alone as much as possible. Cleansing should be accomplished with a heatable mild skin oil, used at a comfortable temperature, and removed by using a soft cotton towel.

As long as any evidence of inflammation exists, a small quantity of lactic acid, or a bentonite-based hydrophylic ointment containing one or two per cent of boric acid, should be applied to the affected areas. A dressing of gauze, bandaged in place, completes the topical treatment. Such dressings are renewed every twenty-four hours. The adherent paste may be washed off with a heatable mild skin oil, while the hydrophylic paste should be removed with distilled water.

Secondary pyogenic infection is recognizable by the presence of various-sized, grouped or scattered, pustules. Where this exists small amounts of sulfathiazole powder are applied with a water-wet cotton applicator. After this the dressing is applied.

Allergic Dermatitis

The recognition of skin sensitivity to certain specific substances has become one of the most important subjects, not only to the dermatologist, the allergist, but also to the victim who in this instance is the dentist.

An allergic dermatitis is a skin inflammation or sensitivity not caused by any irritating property of a substance, but by an acquired resentment of the epidermis to a substance for which there is no valid chemical or physical reason. If the normal response is no resentment, no dermatitis, the manifestation of the latter is a reaction differing from what is reasonably expected, from the normal.

Allergic reactions of the skin to almost any substance may occur. Plants, plant juices, lacquers, trees, tree saps, waxes, resins, rosins, furs, leather, tanning agents, dander, rubber, latex, oils, chemical compounds of all kinds, and synthetics are in the foreground as sensitizing or allergizing agents.

Of all the sensitizing agents, the -caine group is the most frequent and, in a sense, that which occasions the most difficulty. To cure the dermatitis, it is essential that the use of the -caines be stopped; and as yet we have no adequate substitute to take their place so vital in the practice of dentistry.

Once a procaine dermatitis is established, it acts like all other sensitivities; that is, the shortest contact produces a dermatitis. Thus it happens that soon the right hand and the face which may receive an accidental spray will become the site of a dermatitis. Should the dermatitis persist for a long time without a respite, the skin will thicken and darken, the fissures will deepen, the nail folds become more and more angry, the paronychia more painful, and the condition may readily change to make it less easily recognizable.

Investment substances, synthetics of all kinds, chemicals, pharmaceuticals, all must be put under surveillance should a persistent dermatitis of the hands appear.

I remember an instance of a handicapping dermatitis of the tips of the fingers of a young and promising dentist. The dermatitis disqualified him for weeks at a time from carrying on his practice. He sought advice in three large medical centers. Each time his fingers healed, though the diagnosis and the subsequent treatments were diametrically opposed to one another. Patch testing proved to be of no help. The fact that his finger tips healed when he was away from his office, and that the

THE DECALOGUE OF HAND CARE FOR THE DENTIST

1. Keep your hands clean.
2. Keep the skin of your hands supple.
3. Avoid the use of strong antiseptics.
4. Manicure your own hands, with sterile instruments of your own.
5. Avoid infection by giving immediate and proper surgical care to any cut or penetrating wound.
6. Any dermatitis except an acute infection needs to be investigated from the point of view of sensitivity.
7. Dermatophytosis or athlete's foot infection of the hands is so rare as to call for vigilance in case of such a diagnosis. Usually it is a chemical or allergic dermatitis.
8. Chlorinated city water alone may be the cause of a chemical dermatitis.
9. Take heed, and stay far away from the x-ray tube when taking roentgenograms.
10. A good protective paste is a hand-care requirement for the dentist.

dermatitis reappeared shortly after he returned to his practice, made me feel certain that despite the negative patch testing this particular dermatitis was caused by some sensitivity related to his professional activities.

Patch testing on the finger tips (after his dermatitis was completely gone) proved that the offending agent was an investment substance. All this was time consuming and discouraging, but the result justified the difficulties experienced, since it meant that by changing to the practice of exodontia he went on in the practice of dentistry without the inconvenience of a dermatitis.

Topical anesthetics, chromic acid, and chrome containing mercurials, eugenol, oil of cloves, are some of the other more frequently encountered sensitizing agents. As the result of an interesting case of dermatitis on the hand of a dentist caused by lipstick worn by patients, I have added this to the ever-growing list of allergic dermatitis.

The treatment of an allergic dermatitis requires the following procedure:

1. Contact with the offending substance must be eliminated.

2. Contact with similar substances must also be eliminated. This is extremely important in the so-called -caine dermatitis.

3. The application of a protective paste is of great help.

4. The use of rubber gloves while operating may be of considerable value if the offending agent happens to be procaine. (One must guard against rubber sensitivity, also.)

5. So far as I know there are no injections which can be used to attempt desensitization.

Infections

Dermatitis may be the result of infection. Man is a motile island in a sea of atmosphere carrying his own fauna and flora in the form of microbes. These include a great variety but the staphylococci and streptococci predominate. By the natural rhythmic exfoliation of the skin and mucous membranes which harbor virtually all these microbic hordes, their numbers are kept at continuous depletion. Every so often myriads are disposed of as the cutaneous and mucous membrane horny layer separates, lifts off, and is shed. This and other vital defenses keep these parasitic boarders from causing too much havoc. Also, there develops a mutual resistance between the representatives of these pyogenic organisms and the individual, so that one's own variety of streptococcus or staphylococcus is not as harmful to him as someone else's microbe of the same general category. But dentists should keep in mind that infection in the oral cavity is frequent, that such is communicable not only to another mouth, but also to the hands of the professional man or woman who comes in contact with it.

One of the frequent forms of

infection occurs at the nail fold and gives rise to the disease paronychia. This manifests itself with an inflammed, painful suppurating swelling which surrounds the plate of the nail. Paronychia is a chronic, treatment-resistant, infective disease which presents periodic exacerbations, painful episodes, interference with work, play, washing and other hand care. Hang nails, carelessness at manicuring, jags or any cuts or penetrating injuries caused by instruments, teeth, handbrushes may leave a needed open avenue for the entrance of an infection. At times this may involve deeper structures, and a periostitis or a felon may be the result.

Prophylaxis is the keynote of defense against pyogenic infections of the hands. This is best accomplished by thorough, and not necessarily rough, soap-and-water washing as soon as possible after treating a patient. At times a mild antiseptic may be of value. However, frequent use of antiseptics leads to abuse of the epidermal covering of the hands and defeats the purpose of the cleansing procedure.

Once an infective dermatitis or folliculitis develops, its severity dictates its treatment. Greater and greater reliance is being placed on the combined use of x-ray locally and the enteric use of the sulfonamides alone or combined with the administration of the wonder mould product: penicillin.

Frequent short exposures of the skin to x-ray may cause serious damage in later years; therefore, it is of grave importance to the dentist to realize the dangers to which he is exposed in taking roentgenograms of the mouth. Many dentists are paying a penalty for the careless habit of holding the films in the patient's mouth while roentgenograms are being taken. Although the exposures are short and seem infinitesimal, the close proximity of the x-ray tube and the frequency of being injured by these short but highly penetrating rays cause ultimate changes which make their appearance two or three years or even longer after such careless handling of this potent energy.

At first the changes which appear on the skin are those of any low-grade, chronic dermatitis. Later the skin begins to lose its elasticity and softness. It appears senile, shriveled, atrophic. Small superficial blood vessels, the so-called telangiectasia, will sprout here and there; a dark-pigmented, freckle-like keratotic mass will make itself seen. Later these keratoses become more pronounced, rough, warty, and they will split away from the surrounding skin producing trenchlike fissures around them. Usually after several years these will break down sufficiently to form small, rounded or longitudinal, ulcers which are marginated by neoplastic nodules. These nodules present a raised uneven sloughing base and a neoplastic border. Microscopic examination

confirms the fact that such development is a neoplasm, an epidermoid carcinoma which presents a surgical problem as a treatment procedure.

Application of alvagel either in the form of an ointment or as a glycerite, excision of the neoplasm and subsequent skin grafting by an experienced plastic surgeon, frequently obviate more drastic surgical intervention.

631 *Jenkins Building*
Pittsburgh 22, Pennsylvania

SURVEY OF CHILD'S ATTITUDE TOWARD DENTISTRY

JUVENILE reactions to dentistry are more closely associated with young patients' feelings than with their understanding of the need for dental care, according to Professor Eldridge T. McSwain, of Northwestern University School of Education, who addressed a conference at Northwestern University Dental School of teachers of pedodontia from more than twenty dental schools. Professor McSwain drew this conclusion after compiling the "likes and dislikes" statistics from more than 1,000 written comments of pupils in first through sixth grade in Illinois and Michigan.

Things youngsters liked about going to the dentist ranged all the way from the purely emotional "I like the pretty assistant," to the hygienic opinion, "He makes my teeth feel clean." In order of frequency, the "likes" were related to the dentist's interesting conversation and funny stories; the comic books and magazines in the reception room; the dentist's kindness and understanding; the gifts presented when dental treatment was finished; the neat and clean office; the feeling of air and water in the mouth; the ride up and down in the dentist's chair; the buzzing sound of the "machine"; being shown roentgenograms; and seeing one's self in the mirror.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News* (see page 1561), we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Dentists in the News

New York (*New York*) *Times*: The Dental Laboratory Association of New York recently asked Governor Dewey to investigate the operation of four private trade schools licensed by the State Education Department to teach "mechanical dentistry" or "dental technology." The Association charged that the schools were "totally inadequate to train dental technicians," as they fail to meet the standards set by the American Dental Association.

The four schools have an enrollment of about two thousand students, mostly veterans. The Association stated that the graduates from the schools would have little opportunity of employment except as apprentices. Their salaries would be no better than if they had had no instruction.

The letter to the Governor charged that the State Education Department had disregarded earlier protests by the Association, and it urged the Governor to take immediate action.

Milwaukee (*Wisconsin*) *Journal*: When Doctor Bob Miller, an Appleton, Minnesota, dentist, came back from the War after commanding a battalion in the 34th Division, the town elected him mayor. To make certain that the names of the World War II dead from Appleton would never be forgotten, Doctor Miller suggested that the streets be renamed for the "boys." The City Council agreed, and shortly before Memorial Day workmen began placing new signs at intersections. The signs were dedicated on Memorial Day.

New York (*New York*) *Times*: Doctor R. Gordon Agnew, Professor of Pathology and Director of Advanced Study and Research in Dentistry at West China Union University, is taking with him twenty-six foot engines when he returns to China this month. These engines were once used at the School of Dentistry of New York University. They will be sent to China as a gift of the Medical and Surgical Relief Committee which received them in response to an appeal to schools and colleges for outmoded and surplus equipment.

Lidgerwood (*North Dakota*) *Monitor*: A Bismarck dentist, Doctor K. W. Morris, was elected Chairman of the North Dakota Health Council which was established by the 1947 legislature. Doctor Morris named Doctor W. A. Wright Chairman of a sub-committee on hospitals.

Passaic (*New Jersey*) *Herald-News*: After four months of volunteer work among Europe's war orphans and displaced persons in England, France, Belgium, Italy, Czechoslovakia, and Poland, Doctor Samuel Mamlet, Passaic dentist, has returned to report that he found Europe engaged in one of the bitterest revolutions in history. This revolution, according to Doctor Mamlet, is the fight for the right to exist.

Doctor Mamlet reported that Americans who talk of the threat of a third World War would not be understood by Europeans who are poverty stricken, hungry, cold, and nerve shattered. Their

only concern is to get enough food to keep alive from one day to another and to find shelter.

According to Doctor Mamlet, Europe's hospitals are without linens and bandages. At a Paris hospital connected with the University of France, only the Chief of a Medical Unit was given soap. He received a small piece which had to last a month, while assistants and interns had none.

In France Doctor Mamlet served with Ose, an organization engaged in caring for Europe's war orphans. Ose maintains twenty-six orphanages. Most of the supplies and clothing which Doctor Mamlet took to Europe were distributed among these groups.

Doctor Mamlet reported that to rehabilitate Europe we must not only supply food, but machinery, farm implements, trucks, gas, and oil. Only in this way can Europeans rebuild their ruined factories and begin manufacturing the machinery and supplies they must have to make them self-sustaining.

Chattanooga (Tennessee) Times: Doctor Harle L. Parks, an Atlanta dentist, keeps the metallurgists of Atlanta busy assaying pieces of rock from his property at Ocoee, Tennessee, because he believes the property is the site of a gold deposit. He thinks he can see a glint of gold in the stone walls of a cave on his 600 inherited acres.

Doctor Parks believes he may have the location of an old Cherokee gold mine. An Indian is reported to have stood two miles away and said that within two miles of where he stood there was enough gold to shoe all the horses in the country. Two openings to an underground cave have been uncovered. This dentist reasons that the Indians, hearing that the white men were coming, filled in their mine before they were forced to move.

While some of the limestone on the property has been assayed to have a small gold content, it is not enough to make it worth mining. Doctor Parks found some charred earth which assayed with a value of $2.27 a ton. He believes that this may have been the site of the Indians' smelting furnace.

Foreign Service Magazine: The Commander of Post 8935 of the Veterans of Foreign Wars, the first all-Nisei unit in any veterans' organization in this country, is Doctor Yoshizo Harada, a dentist who served as a Major with an Army evacuation corps in the European theater.

In World War II American-born Japanese fought on every major battlefront. The establishment of this Nisei Post in Sacramento, California, recognizes the patriotic service of thousands of American-born Japanese.

Washington (D.C.) Evening Star: At 68 Doctor G. Harris White again is producing winners—this time in his Silver Spring, Maryland, garden instead



of in big league baseball. This new hobby tops a career that has included dentistry, baseball, and teaching. At present White is a teacher of physical education at Wilson Teachers College.

Recently this former dentist won gold ribbon honors for growing the best rose in the annual Silver Spring Garden Club Flower Show. The prize-winning rose was a "Fra Karl Dauschki"—a

large white rose—which besides winning first place, also won a blue ribbon, top honor for its class.

But roses are not all that White raises. He started his garden about three years ago, but in it, besides numerous flowers, are strawberries, raspberries, corn, tomatoes, and other fruits and vegetables. "It doesn't look like the same place," he boasts. "It's been hard work, all right, but it's pleasure for me."

In 1901, after graduating from Georgetown University and practicing dentistry for several years, Doctor White made his baseball debut with the Phillies. Two years later he went to the Chicago White Sox where he remained for eleven years. In 1904 "Doc" White made baseball's Hall of Fame by pitching five straight shutout games—a record still not matched in either major league.

Waynesboro (Pennsylvania) Record Herald: The manufacture of a new type huge aluminum-lined incubator invented by Doctor G. S. Edwards, Greencastle, Pennsylvania, dentist, was started recently by three young men, one the inventor's son.

Doctor Edwards completed the incubator in 1938 after years of research and experimentation. Patents were applied for, and word was received recently that all devices included in the machine are free of infringements. The incubators to be manufactured will be of 15,000- and 30,000-egg capacity.

Louisville (Kentucky) Courier Journal: Doctor Harry G. Hazlerigg, a Paintsville, Kentucky, dentist who is an ardent chess player, finds that playing with an old set of chessmen said to have been the gift of Princess Eugénie[1] to her commoner-lover adds zest to his game. The chessmen were made in China, and Doctor Hazlerigg believes they are more than one hundred years old.

His own mother told the Paintsville dentist this story: "My late mother, the former Mary Belle Filson, of Maysville, a niece of the Kentucky historian, John Filson, many years ago was married to a Frenchman, L. F. Metzger, who was more than twice her age. He was a jeweler and had come to America, settling in St. Louis, after he found a love affair with Eugénie frustrated by the difference in their social positions.

"After Eugénie had given him this chess set, he decided—since marriage to her was quite impossible for him, a commoner—to leave France and find a new home in America."

---

[1]Hurley, Marcella: Thomas W. Evans Rescues Empress Eugénie, ORAL HYGIENE 30:692 (June) 1940.

Awards for items published in DENTISTS IN THE NEWS this month have been sent to:

MARK HEEFNER, D.D.S., Trust Company Building, Waynesboro, Pennsylvania.
THEODORE KATZ, D.D.S., 2802 Grand Concourse, Bronx 58, New York.
M. B. NEWMAN, D.D.S., 1410 Morris Avenue, Bronx 56, New York.
ESTHER S. MANZ, 1448 East Seeley Street, Milwaukee 7, Wisconsin.
MRS. J. PUTRIN, 24-37 24th Street, Long Island City 2, New York.
A. M. MOVIUS, Lidgerwood, North Dakota.
EDWARD F. SMITH, 34 John Street, Passaic, New Jersey.
NELLIE BOURDEAUX, 2926 Porter Street, N.W., Washington, D.C.
JOHN D. STANARD, P. O. Box 306, Chattanooga 1, Tennessee.
NANCY HERRING, 449 Lafayette Street, Jackson, Tennessee.

XUM

"I've Gone To The Country To Practice"



By PHILIP NEMOFF, D.D.S.

WHERE YOU locate depends largely upon the way you want to live. If you are a busy "go-getter" who wants to reach the top income brackets and retire early, do not settle in the country. There is a much better opportunity to reach your goal in the urban centers because of the more diversified income groups. Also, if you find the excitement and stimuli of the city, with its lectures, theaters, night clubs, and museums, important to your happiness, do not choose the country. Most of the cultural life of the small town depends upon small groups of people furnishing their own local entertainment.

Professionally speaking, your responsibility will be much greater in the country. Except in rare cases you will have no handy specialist next door to take your exodontic and denture patients. If it is a difficult extraction, you will have to learn to do it yourself.

Furthermore, in the country you will have to face your patients every day on the streets. For a while you may map out a diverse route, skulking around the alleys and country lanes to avoid your mistakes, but you will not get away with it for long. There is a mathematical limit to the number of detours possible in a small community.

After experience with both country and city practices, a colleague discusses the advantages and disadvantages of each.

Let us consider some of the advantages of settling in a rural area. Maybe you will not make a "killing" financially, but, what is more important, you will not make a "killing" physically. In most rural communities you will find night hours unnecessary. People in the rural communities realize that a man's evening is his own. You will be able to practice a five-day week without evening hours. Therefore, in a sense, your retirement will commence when you start your practice instead of being saved up for some mythical future date that you may never reach. Your health will be better, and, by realizing a longer life span, you may virtually enjoy a greater total income than your city friend who receives $300 for full dentures.

Economically rural practices are less of a gamble. Although we do not have the extreme of great wealth that one finds in the city, neither do we find the other extreme of poverty and unemployment as in the city. In our section a three-room office on the main street that costs $35 monthly would come to about $150 in the city. At least most of what comes in belongs to you and not the landlord.

Furthermore, there is more need for services in rural areas. It is a well-known fact that the distribution of professional men is poor. There are too many in the city and too few in the country.

There are other personal factors that are also important. In general the more leisurely mode of rural life will produce a greater peace of mind and fewer gastric ulcers. You will be forced to assimilate yourself into the small-town social groups, and you had better be interested in the entertainment the high school is giving or the church supper your patient invited you to attend. It will round out your personality more and you will feel that you belong to the town instead of being lost somewhere on "Professional Row." You will meet so many people you know that you will be forced to put on a pleasant expression, and soon you will find it less tiring to wear the expression permanently than to turn it on so frequently.

If you have a family, your children will have space in which to play instead of playing tag around some garbage cans. They will be able to see a cow somewhere besides in the moving pictures.

I will admit that sometimes I become bored with all that fresh air, and want to go some place where I can buy a corned beef sandwich and talk "shop" with some of the "boys." But, no matter where you are located, your car will take you to a city in an hour or two and then it will really be an occasion.

109 *Spring Street*
Newton, New Jersey

XUM



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

TOWN AND COUNTRY PRACTICE

EVERY DENTIST is disturbed at some time in his career with doubts regarding his location. If he is in a city he longs for the slower more friendly tempo of the smaller community. If he is in a small town he thinks of the greater opportunities in the city. But the city dentist is likely to feel that he expends too much time, energy, and overhead in conducting his practice. He catalogues the hours he spends unproductively in travel back and forth from home to office. He deplores the traffic jams, the crowded trains and busses, the abrupt service that he is required to accept in restaurants. He has nostalgic longings when he thinks of the slower pace, the friendly atmosphere, the time conserved by the dentist in the small town. In his turn the dentist in the smaller community often becomes bored with his lot. He grows tired of seeing the same faces; of doing the routine things. He pictures himself practicing in a city that affords wider latitudes for his interests and his skills. It is easy enough to rationalize one's failures by blaming them upon the location of a practice. Both the city and the country dentist are often guilty of this device.

So far as professional values and success are concerned there is little that is dependent upon the location of the dentist's practice. The dentist with skill and human understanding can be successful in any community. Some of the most competent dentists in the country are found in crossroads communities where they deliver the best kind of service and make a substantial living doing so. G. V. Black was a small-town dentist before he moved to Chicago. Some of the biggest quacks, in fact most of the quacks, are in the large cities. It is also true that the leaders

of the profession are often found among the practitioners in the cities. No generalization is acceptable except to observe that competence in the profession has little to do with location.

What does determine competence? What leads to public acceptance of the dentist's service? Natural aptitude is a factor. Sound training is another. A favorable personality is important. These are, however, chiefly static qualities. Something dynamic must be added. No one can lean too heavily upon his natural endowments, his preliminary training, and his personality traits and expect to continue to develop in the profession. Too many dentists are satisfied to accept their status quo. They spend little time in study or investigation. They read but little and take small part in the activities of their dental societies.

The public has a gift of appraisal. The public mind is a wiser mind than we sometimes think it is. The dentist who is never known to participate in the affairs of his profession and who betrays his ignorance of the conditions of the modern world of science is not likely to fool the public long. Many of our patients are well acquainted with present-day scientific subjects; in fact they frequently have greater knowledge than we have. The dentist who expects to use the crutch of his degree, his schooling of long ago, his old body of "facts" is likely to find himself without support from his patients. The public has been taught to expect and to accept technical and scientific progress. If we show no signs of being interested in progress, no disposition to deliver modern service, we can be sure that people will in time seek their dental attention elsewhere.

Location makes slight difference; town or country, either can be without satisfaction. Our attitude, our will to deliver, our ambition to improve—these *do* make a difference.

Edward J. Ryan

Portraits and Profiles

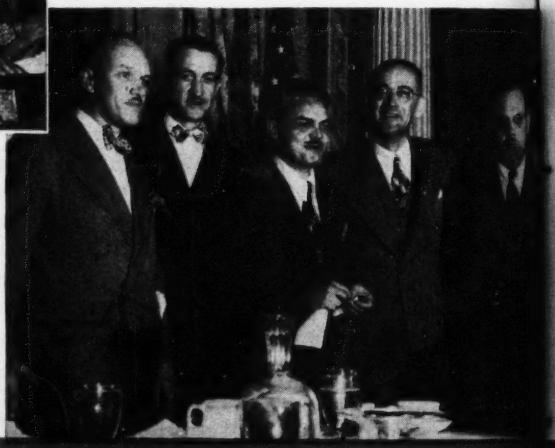
OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



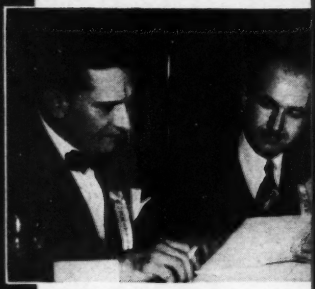
Above: At the Kansas State Dental Assistants' dinner, Fred Richmond, Toastmaster, presents Miss Eleanora Kilanoski, President of the Kansas State Dental Assistants Association.

Below: Officers of the Cleveland Dental Society (left to right): Harvey Janke, President-Elect; Harold Sell, Immediate Past-President; Harold Sheakley, Secretary; Harry Geurink, President; Gaylord James, Treasurer.



XUM





Above: Dwight Kinsley, General Chairman of the 1947 Spring Clinic Meeting of the Cleveland Dental Society, consults with Program Chairman Albert Kniesner.

Above: The Kansas State Board congratulates the new officers and the retiring President of the Kansas State Dental Association: Standing (left to right): Herbert L. Bunker; Clyde Tuttle, President of the Board; Gordon Teall, Secretary of the Board; and Clinton L. Stalker, President of the Association. Seated (left to right): M. A. Parott, President-Elect of the Association; and A. E. Ricks, Immediate Past-President.

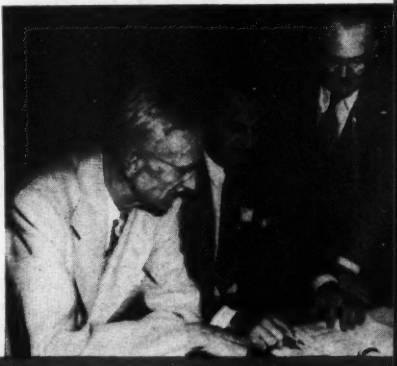


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Right Above: Aurile Jenkins (right), of the Missouri State Dental Association, goes over the program for the Missouri-Kansas Meeting with Jorge A. Bisi (center), orthodontist of Buenos Aires, Argentina, and LeRoy Kurth (left), of Chicago, an essayist on the program.

●

Right: Officers of the Missouri State Dental Association (left to right): C. W. Digges, Secretary; Reuben R. Rhoades, President; E. B. Owen, President-Elect.



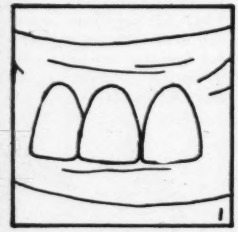
XUM



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.
Drawings by Dorothy Sterling

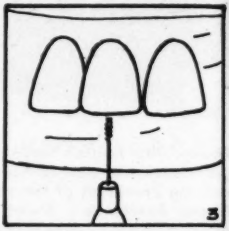
Testing the Sterility of a Root Canal



Isolate tooth with rubber dam. Sterilize the area and teeth with germicide.



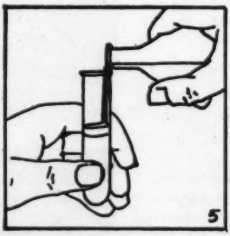
Remove treatment from the canal. Discard it.



With sterile barbed broach, vigorously scrape sides of the canal to apex.

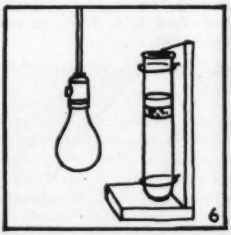


Have assistant remove and hold cotton plug from a culture tube containing brain-heart infusion broth with brom-cresol-purple. (Plug must not be laid down. It must be held carefully to prevent contamination.) Flame mouth of tube and pass tube to assistant. Cut off end of broach with sterile scissors and allow it to fall into the tube.



Cover surface of broth with ¼" layer of melted sterile vaseline. Flame mouth of tube again and have assistant replace cotton plug.

Note: Prepared tubes of culture media may be secured from Digestive Ferment Co., Detroit, Mich., or dehydrated media may be secured and prepared in sterile culture tubes.



Place tube in upright position where it will be reasonably warm — near a light bulb if an incubator is not available. If canal is not sterile, bacterial growth will be indicated (after 48 hours) by change in color of medium from purple to yellow or by gas formation under vaseline plug, or by both reactions.

A FEW DO NOTS FOR DENTAL ASSISTANTS

1. Do not drop this and forget that, muttering lame excuses—or always have a prepared excuse for every mishap. Avoid an uncanny aptitude for disappearing when most needed. Try to save the precious minutes that finally make for smooth working and save frayed nerves.

2. Do not leave instruments indefinitely in cold sterilizing solutions. After allowing a sufficient period for sterilization, replace such articles in their accustomed places. Soon there will be a call for them. Familiarize yourself with the instruments and let each have its regular place.

3. See that probes are sharp, mirror tops clear, plastics clean, handpieces oiled and smooth running.

4. Check your supplies and *never* allow stocks to run out—never.

5. When the telephone rings, remember that the dentist has one main asset—his productive time. Do not let anyone waste this vital asset. Diplomatically ask if the call is personal; is there something you can do?

6. You usually arrange the appointments. Is the patient in pain—is it urgent—will tomorrow or the day after do? Group your appointments. Suggest times to the muddlers and guide the resolute ones; no one talks to the dentist without good reason. But never be overbearing. Always let the person telephoning feel that he is being treated with the utmost courtesy, consideration, and respect.

7. Keep your appointment book clear and neat. Make notes of all messages, and keep your desk clear of unnecessary papers.

8. Leave no records of patients out for all to see and read. Be methodical—even if your employer is not.

9. The sympathetic assistant is the confidant of timid patients who discuss their difficulties with her. She is the channel for conveying messages to the dentist. Will he please be gentle with Johnny—not operate so fast? She thinks she has a "nervous" heart. The fees are a little high.

10. A sensible dentist will allow his assistant to tell patients what fees will be incurred—and arrange terms for payment. There is the delicate matter of the deposit in the case of new patients. An explanation that no reflection is intended—it is a routine of the business side of the practice—should go with this request.—*The Official Journal of the Dental Association of South Africa.*



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Mesiodistal Crack in Tooth

Q.—In the course of twenty years I have seen probably a dozen cases where a molar with a compound inlay or amalgam restoration was extremely sensitive, and I could find no reason for the tooth being sensitive.

In a few weeks or few months the patient would come in with a third or a half of the tooth broken off at the gingival line.

I have been unable to account for the pain preceding the fracture.

As possible reasons I have considered tooth-grinding or tooth-clenching habits, possible restoration expansion, or possible tooth contraction; the last without scientific foundation, of course.

Can you offer a suggestion?—R.P.S., Missouri.

A.—Mesiodistal cracks in the floor of molars and bicuspids with large restorations are not uncommon and are often difficult to diagnose. Sometimes the crack will be about in the center of the floor and can be discovered only by removing the restoration and examination under a strong light. We have made many such teeth comfortable and restored them to usefulness by making an inlay of hard gold that gripped the buccal and lingual walls of the tooth.

When the crack has been either to the buccal or lingual of center, thus weakening a cusp, we have been able to diagnose the condition by having the patient bite on a toothpick on one or the other cusp. Often such a cusp will break off but can then be restored, making a comfortable and useful tooth.

However, a mesiodistal crack may result in the involvement of the pulp and the consequent loss of the tooth.—GEORGE R. WARNER.

Sloughing of Soft Tissues

Q.—I extracted a patient's teeth about ten years ago and had not seen him until he called on me the other day. He is wearing an acrylic upper and vulcanite lower denture. When he reported this time he was complaining of a sloughing of the mucous membrane on the lower left lingual side from the first bicuspid area back to the first molar region with a slight tenderness. Upon examination I found the membrane slightly gray and peeling. I took the roentgenograms which I am enclosing. There is a rarefied area in the bicuspid region. I have suggested that this patient have new dentures made, but I should first appreciate your advice.

What do you think has caused this sloughing? Is it from resorption or irritation caused by the denture? What has caused the thinning of the bony structure here?—F.A.R., Colorado.

A.—I wish I might answer your questions in regard to the two prominent conditions of the edentulous mandible of your patient. Sloughing on the soft tissues on the lingual aspect of the left side is difficult to account for on the basis of being caused by the

vulcanite denture, unless the denture is rough on the tissue surface of the lingual flange of that side alone. The alveolar bone of the left side has too much the appearance of a malignancy not to go into the man's history of a malignancy elsewhere in the body, or not to have a thorough physical checkup.—GEORGE R. WARNER.

Traumatic Occlusion

Q.—I am having a little difficulty, and shall appreciate your advice.

I have a patient, a woman about thirty, who complains when eating anything gristly that she has a severe shock and pain in the lower right jaw. This has been going on for a month.

I have tested all teeth in that area for cold and hot. They appear to be normal. The second bicuspid was tender to tapping and pressure. I removed a well-fitted inlay, replaced it with sedative cement; also relieving a traumatic condition.

A week later she had the same complaint, also saying she had a toothache occasionally at night. This time I found the second molar sensitive to tapping and pressure, so I removed a good inlay and replaced it with sedative cement, also relieving trauma which was heavy.

These inlays were in perfect condition, no leakage nor caries, and had been in several years.

Since removing the second molar inlay and relieving trauma she has had no recurrence of the pain in two weeks.—G.W.H., Colorado.

A.—From the history of your case, I would diagnose the condition as traumatic occlusion. I had a similar case two weeks ago. The patient experienced pain when eating bacon. I relieved the occlusion and she had no further difficulty. —GEORGE R. WARNER.

Diabetic Patient

Q.—I have a patient, a girl 22 years old, who has diabetes. Last summer she developed a severe case of nephritis with the diabetes. About four months ago she lost the sight of the right eye and is now almost blind in the left eye because of separation of the retina. Her blood pressure is around 170 to 190.

She now complains of a constant pain on the left side of her head which gradually extends down to the lower left anterior teeth. She has several carious teeth, including the left central incisor, and she says that this tooth has occasional gum-boils at the apex.

Her physician thinks that the pain will subside as soon as the sight is lost completely in the left eye.

The patient is bedfast almost entirely so I have been unable to obtain roentgenograms.

I wonder if it would be advisable to extract the left central incisor or to treat it. The prognosis as to how long she will survive is doubtful.

In case of extraction, what anesthetic is preferable? I have been using monocaine 1½ per cent with 1:100,000 epinephrine.

I shall appreciate any information you can give as to proper treatment and what complications I might encounter with this patient.—V.G.A., Colorado.

A.—It seems to me that you should by all means remove the infected left central incisor for your diabetic patient rather than trying to treat it. Your usual anesthetic should be all right, and you are not likely to have any complications because of the diabetes if the blood sugar is now under control. The abscessed tooth is an undesirable and unnecessary complication.—GEORGE R. WARNER.

Bite Opening

Q.—A woman, 50, came to me for dentures. Her teeth had been extracted about six months before I saw her. She could not open her jaws wide.

After taking the bite I found there was an opening of 10 to 12 mm. in the anterior region. The biterims seem to rest the jaws, but she is more interested in using the dentures for eating. What treatment is advisable for this condi-

tion? Should shorter teeth be used, sacrificing esthetics for mastication?

I also have a patient only 20 months old whose teeth are decaying at the gingival line. What can be done to prevent the caries from occurring in the other teeth?—R.R.B., Missouri.

A.—I suggest that you record the relaxed position of this woman's jaws with bite plates out. Trim the bite plates 3 mm. short of this level and accept this as the correct opening.

If there is too little clearance between the jaws when the finished dentures are inserted, this condition will no doubt correct itself in time if this woman will persist in wearing the dentures.

For the 20-month-old child with carious teeth, I recommend a sugar-free diet and the application of 2 per cent sodium fluoride five times a year to the teeth isolated with cotton rolls and wiped dry.—V. CLYDE SMEDLEY.

Loose Dentures

Q.—I have a denture patient who is having difficulty. About eight months ago I made an immediate upper denture, extracting the anterior teeth. The lower teeth remained in the mouth. About four months later I took a new impression and duplicated the denture. During the time of wearing the first denture there was not much retention except for the first week or so. The same thing happened in duplicating it the second time. The retention was only good for about a week or so.

The upper teeth protruded over the lowers and the stress of the bite was heavy to the point of continually breaking out the bicuspid and cuspid teeth. The teeth had been ground for occlusion. Three months later I took a new impression and made the denture again, but the retention only lasted about a week. This time I used acrylic posteriors to eliminate the breaking of the teeth, but the patient grinds them off because of the heavy bite.

Do you think the condition could be from the heavy bite causing a change in the acrylic or alveolar process in that short a time, or the overbite causing a forward pressure on the denture, releasing the retention?—V.K.R., Aruba, N.W.I.

A.—An unseating occlusal stress is most likely the principal cause of these dentures loosening so quickly. Are the lower molars present and in function to direct the heaviest occlusal stress distally and lingually instead of labially or buccally?

Peripheral overextension, putting one or more muscle attachments under tension, may also result in early loosening of a denture.—V. CLYDE SMEDLEY.

Use of Adrenaline

Q.—Could you give me some advice on this case? I have a patient, a man about twenty-seven years of age, who has asthma. Any dental service he receives deteriorates within six to eight months. I thought that this condition might result from goiter, but his physician states that there is no sign of a thyroid condition. Whenever I use procaine with 1:50,000 epinephrine in it, however, the thyroid gland will enlarge to the size of a man's fist.—J.H.W., South Dakota.

A.—We have never noted or heard of the amount of adrenaline used in a local anesthetic having any such marked effect on the thyroid gland. In fact Wright[1] does not mention the thyroid gland as being affected by the action of adrenaline. He does say, "With few exceptions (notably the sweat glands), adrenaline affects all sympathetically innervated structures throughout the body and pro-

[1]Wright, Samson: Applied Physiology, Oxford University Press, 1937.

Justi-facts #68

DENTA PEARL
MUCO-SEAL

CYCLO-MOLD TEETH • JUSTI-TONE T-3 • FILM-AC
Fluorescent ACRYNAMEL, STAINS and ACCESSORIES

490. *Caution: Muco-Seal impression technic is not a panacea—Denta Pearl Plastic teeth should be used to insure permanence of retention of all Muco-Seal dentures.*

491. *Also, no less important, a stable denture base must be used—recommended: Justi-Tone T-3.*

492. *Muco-Seal softens under mouth temperature and is sealed to mucosa by use of Muco-Glaze—Warning:-substitutes do not fulfill these principles.*

493. *Stain cannot penetrate a Denta Pearl tooth. Unpolished surfaces may accelerate surface stain accumulation.*

494. *Start with a polished denture and advise patient to clean it two to three times weekly with full strength table vinegar.*

495. *Vinegar may also inhibit sticking of chewing gum. Caution patients against using cleaning agents to remove stain or gum from a Denta Pearl denture.*

496. *Seemingly authentic reports of deleterious effects of alginate separators on methacrylate denture materials have definitely been unconfirmed by many tests run by this department. Academic differences may exist; however, from a practical standpoint we unhesitatingly recommend alginate separators, such as Film-Ac, as being superior to tin foil in achieving the objective of a well fitting stable denture base.*

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duces the same changes as does stimulation of their sympathetic nerve supply."

Hypothyroidism is more likely to be in causal relation to tooth decay than hyperthyroidism. So the tooth decay in your patient may be from some other cause, probably a high bacillus acidophilus count.

The test for goiter of which you speak does not enlarge the thyroid gland; it simply shows hyperthyroidism by the effect of the adrenaline on the blood pressure.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

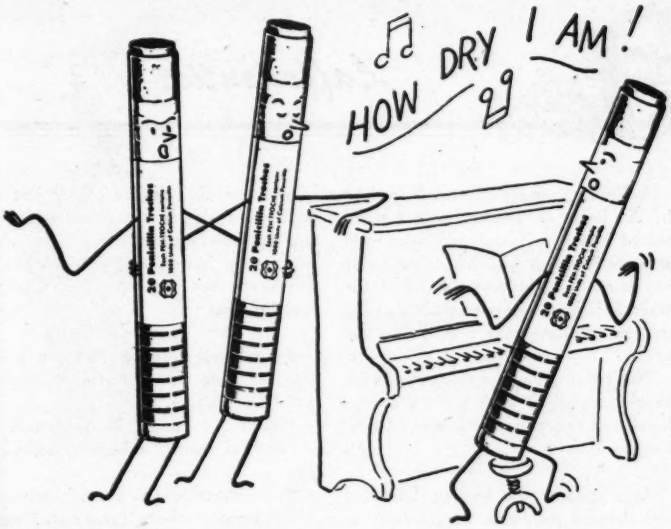
Answers to Quiz XXXVI

(*See page* 1553 *for questions*)

1. (c) five grains. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 169)
2. No. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest, 1945, page 119)
3. (c) four—the vallate, conic, fungiform, filiform.
4. (a) occluded gas, (d) localized shrinkage. (Gresham. A. H.: Manipulation of Filling Materials, New Zealand D. J. 41:52-55 [April] 1945)
5. (a) one year. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 41)
6. Yes. (Skinner, E. W.; Pomes, C. E.: Self-Hardening Lining Materials, J.A.D.A. 32:419-430 [April] 1945)
7. (b) chemical process. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 131)
8. Flattened. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 17)
9. (b) Vincent's infection. (Cofield, K. R.; Ferguson, E. W.; Toye, A. E.: Topical Application of Penicillin, J.A.D.A. 32:529-537 [May] 1945)
10. Yes. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 153)

WHEN YOU CHANGE YOUR ADDRESS

WHEN you change your address, please always furnish your *old* address as well as the new one. Address changes should be sent to the Publication Office of ORAL HYGIENE at 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



PEN-TROCHES CUTTER strike the high note in penicillin stability—for better control of oral infections!

To keep penicillin *stable*, you have to keep it *dry!*

That's why *no water* is used in massing Pen-Troches Cutter.

And why Pen-Troches are available *only* in sealed, moisture-proof vials, never in bulk—as even atmospheric moisture is "poison" to penicillin stability.

Slow-dissolving, Pen-Troches maintain a high penicillin level in the saliva. Each troche should last a *full two hours*—with no aromatic flavoring to provoke "tonguing and chewing."

A specific in treating Vincent's, and useful in the treatment of any penicillin-sensitive infections that the saliva can reach.

Prescription: Assure your patients a fully potent product by *specifying* Pen-Troches Cutter in the original moisture-proof vial. The single-prescription vial contains 20 Pen-Troches, each supplying 1000 units of penicillin. Dosage of one tablet every two hours is adequate.

CUTTER LABORATORIES
Berkeley, California • Chicago • New York

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Fine Biologicals and
Pharmaceutical Specialties



Laffodontia

A Harvard professor, traveling deep in the heart of Texas, found himself seated next to a Texas cowboy and fell into conversation with him. The Texan confessed to eighty-seven years of age whereupon the professor said: "To what do you attribute your remarkable longevity?"

The Texan thought a moment and answered gravely: "Well, I never stole a horse and I never called a man a liar to his face!"

★

As a steamer was leaving Athens, a well-dressed passenger approached the captain and pointing to the distant hills, inquired:

"What is that white stuff on those distant hills, captain?"

"That is snow, madam," replied the captain.

"Well," remarked the lady, "I thought so myself. But a gentleman just told me it was Greece,"

★

Cora—"Pappy, do you act toward your wife the same as you did before you were married?"

Pappy—"Just the same. I remember when I first fell in love with her. I would lean over the fence in front of her house and gaze at her shadow on the curtain—afraid to go in, and I act exactly the same way now."

★

Mother (to school teacher): "My Harold is a very sensitive child. If you need to punish him, just slap the boy in the next seat—this will frighten Harold."

Some people can drink beer just as well sittin' down as they can standin' up. But most cannot stand up so well after they have been drinkin' sittin' down as they can sit after drinkin' standin' up.

★

At a Naval training center a pharmacist's mate was preparing to fingerprint a recruit.

"Wash your hands," he instructed.

"Both of them?" asked the sailor-to-be.

The pharmacist's mate hesitated. "No," he said grimly, "just one. I want to see how you do it."

★

Lieutenant (roaring with rage): "Who told you to put flowers on the table?"

G.I.: "The C.O., sir."

Lieutenant: "Pretty, aren't they?"

★

A man staggered into his home on his return from his vacation. "Oh, am I dizzy."

"What made you dizzy?" asked his wife.

"Riding backwards," he moaned. "For six hours I rode backwards and I just can't stand riding backwards."

"Why," asked his wife, "didn't you asked the party sitting opposite to change seats with you?"

"I couldn't do that," said the man. "There wasn't anyone in that seat."

★

Soldier (finding a wasp in his stew): "Hi, what's this?"

Mess Orderly: "Vitamin bee."



"*MY PET PATIENT,*" reports Dr. R. R. D., "conducts our city symphony. He enters my office in a grandiose manner, bows from the waist, and bids me begin with a sweeping downbeat.

"While rinsing his mouth, I told him about the foaming detergent solution that rapidly kills most bacteria common to the oral cavity, and yet is safe for everyday oral hygiene. He clapped his hands and cried,

" *'Encore!—That's Cēpacol, a most refreshing finale.'* "

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THE WM. S. MERRELL COMPANY, CINCINNATI, U. S. A.



Cut Better • Faster • Longer

In other words our metallurgists have developed a new method for successfully chrome plating burs which materially adds to their cutting efficiency.

The life of Chromed Revelation Burs is 50% longer and they cut tooth structure 30% faster, easier and cleaner than the non-chromed burs.

The chrome plating presents a hard, slick surface which readily clears itself of debris and is highly resistant to discoloration and rust during sterilization.

S. S. White Chromed Revelation Burs are the most economical in the long run.

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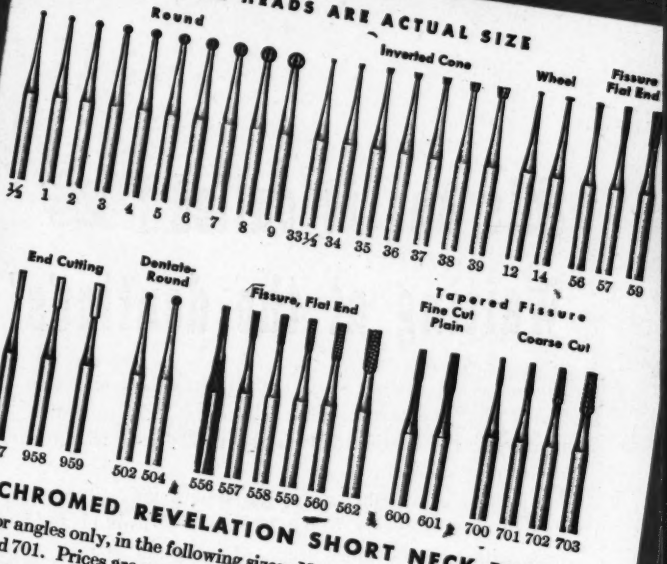
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BUR HEADS ARE ACTUAL SIZE



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For angles only, in the following sizes: Nos. 2, 4, 34, 35, 37, 557, 558, 700 and 701. Prices are same as those for other Chromed Revelation Burs of same numbers. Specify "Short Neck" or "SN" when ordering, *viz.*, "558SN."

For Straight Handpieces and Angles

PLAIN EXCAVATING BURS

Nos. ½, 1, 2, 3, 4, 5, 6, 7, 8 (Round)
Nos. 33½, 34, 35, 36, 37, 38, 39 (Inverted Cone)
Nos. 12, 14 (Wheel)
Nos. 56, 57, 59 (Flat End Fissure)

CHROMED **$1.05** per dozen

½ gross.....$5.75
1 gross.....10.50

DENTATE AND FISSURE BURS

Nos. 502, 504 (Round)
Nos. 556, 557, 558, 559, 560, 562 (Flat End Fissure)
Nos. 957, 958, 959 (End Cutting)
Nos. 700, 701, 702, 703 (Tapered Fissure, Coarse Cut)

CHROMED **$1.25** per dozen

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1 gross.....12.50

OTHER BURS

No. 9 (Round)
Nos. 600, 601 (Tapered Fissure, Fine Cut)

CHROMED **$1.80** per dozen

½ gross.....$9.50
1 gross.....18.00

All prices subject to change without notice



this one is called "Waiting at the dentist's"

There was a time when a visit to the dentist was a fearsome thing. But thanks to public education...and scientific progress...the dentist today is recognized as a friend in need—and in *deed*.

And just as dentists have acquired new skill and know-how through the years, so has McKesson & Robbins kept pace with progress since 1833, when it was first established.

That makes 114 years of pharmaceutical know-how which today goes into the making of Calox Tooth Powder. So it's not surprising that Calox is everything that a good dentifrice should be...an efficient cleaner and an excellent polishing agent.

Calox has a wonderful refreshing taste, too...which helps encourage regular tooth hygiene, especially by children.

We hope you'll think of Calox when patients ask you to recommend a good dentifrice.

CALOX tooth powder



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of pharmaceutical know-how

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RECORDER

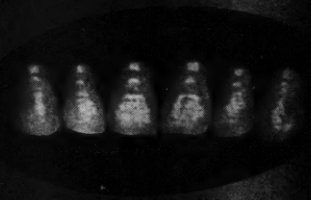


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"RECORDER" MODEL



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FIVE-PHASE ANTERIORS

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PERSONALIZED" DENTURE



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Modern

RESEARCH HAS SHOWN CONCLUSIVELY THAT THE "FAMILY" SIMILARITY OF TEETH PERSISTS THROUGH GENERATIONS AND IS GOVERNED BY THE LAWS OF HEREDITY

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chnic for "personalized" dentures...

By applying the Laws of Heredity to prosthetic Dentistry, a scientific method for selecting and arranging teeth avoids all possibility of "stereotyped" dentures.

When no pre-extraction record is available for the edentulous patient, the dentition of a brother, sister, child or granchild presents a "living" record of the probable "family" pattern of inherited labial characteristics.

The Family Trait Recorder is the instrument to facilitate such a procedure—Five-Phase Anteriors have the "living" labial characters and porcelain required to reproduce the esthetic composition of the "personalized" denture.



BE SURE TO SPECIFY WITH THE VERI-CHROME COLOR GUIDE

Five-Phase Anteriors alone, possess the "living" individuality of natural teeth . . . a co-ordinate size system and coacting proximal surfaces to make this type of tooth selection and arrangement possible and practical . . . Veri-chrome Porcelain and natural tooth colors to duplicate tooth structure in depth, refraction and translucency.

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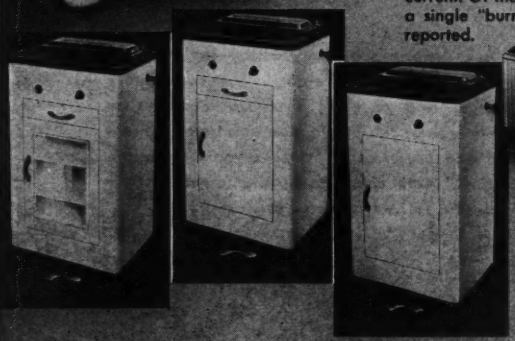
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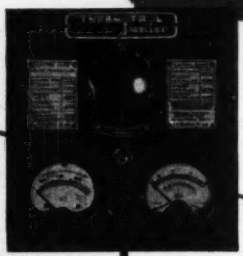
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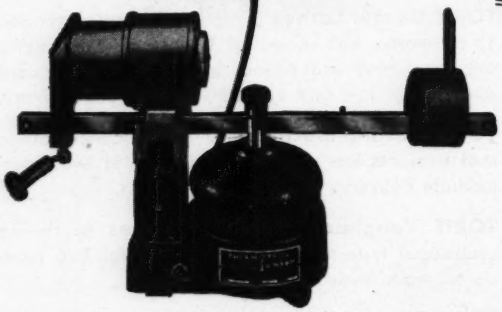
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1. Mixing and impression completed in 4 to 5 minutes.
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FOR PATIENT'S COMFORT, FOR ACCURACY, TIME SAVING, AND SATISFACTION OF THE OPERATOR, YOU CANNOT OBTAIN A BETTER IMPRESSION MATERIAL THAN ITECO'S IMPRESSION CREAM.

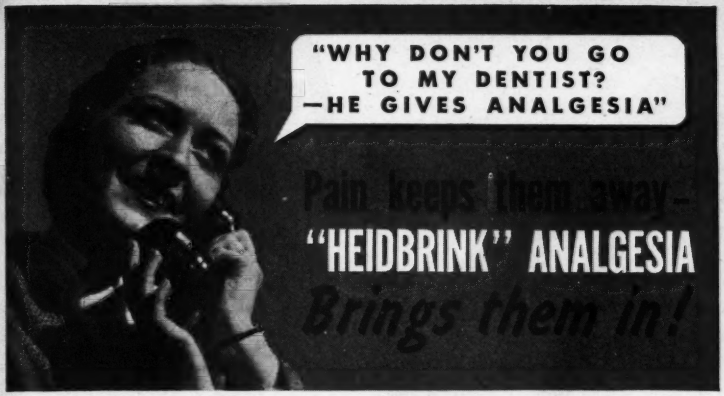
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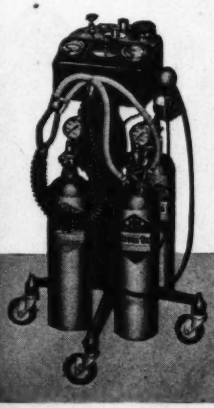
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People who formerly "hated to go to the dentist" become the most enthusiastic boosters of the dentist who eliminates pain with analgesia.

When your office is equipped with modern Heidbrink apparatus for patient-administered analgesia you benefit in three direct ways: (1) you have fewer cancellations which often are due to fear of pain; (2) you have more operative hours, through the elimination of "breathing spells"; (3) you have more patients, because "the dentist who doesn't hurt" is sure to become a topic of conversation.

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Heidbrink dental anesthesia and analgesia apparatus, Ohio dental gases, ethyl chloride, Gua-ol dressing, Maves wax and Scanlan dental sutures are available through recognized "Ohio" dental dealers in principal cities. For complete information and a copy of Dr. Peebles Graphic Chart for Anesthesia and Analgesia, mail the coupon below.

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• Patients, too, appreciate the value of a dual control of their new dentures . . . the natural control "built in" by a perfect fit—*plus* the extra reassurance and protection from "accidents" provided by Wernet's Powder during the awkward period of developing proficiency.

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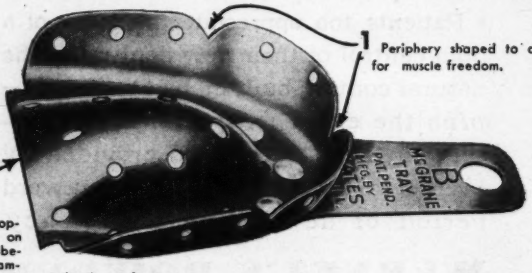
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No matter which procedure you may prefer, you will find the many features and innovations in the advanced design of these ten trays extremely valuable in your practice. These trays will give you more satisfactory service, and will reduce chair time and lead to greater patient satisfaction.

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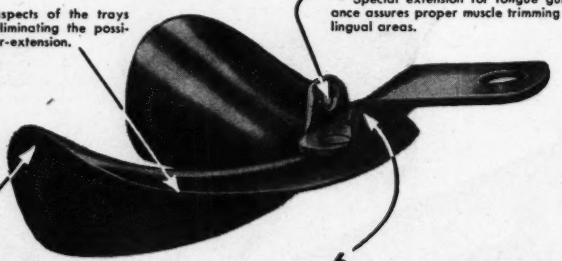


1 Periphery shaped to allow for muscle freedom.

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3 Buccal aspects of the trays are short, eliminating the possibility of over-extension.

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5 Complete coverage of the retro molar pad areas.

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Ten Trays: Six lower trays come in pairs, one shallow (for flat mouths), one deeper (for normal mouths), in sizes Large, Medium, and Small. The four upper trays provide a complete range for your requirements.

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A gold foil does more . . . is worth more!

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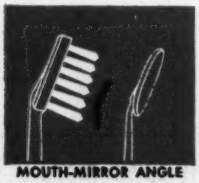
All the distinctive features – mouth-mirror angle, jog angle, small head, narrow shank – which have made the SQUIBB ANGLE TOOTHBRUSH a truly important aid in oral hygiene have been retained in this new professional 2 row model.

Whichever SQUIBB ANGLE TOOTHBRUSH you recommend, 2 or 3 rows, you can rely on these unique features to help patients clean their teeth the way you want them cleaned – *each surface of each tooth.*

Help your patients help themselves to better oral hygiene – specify the

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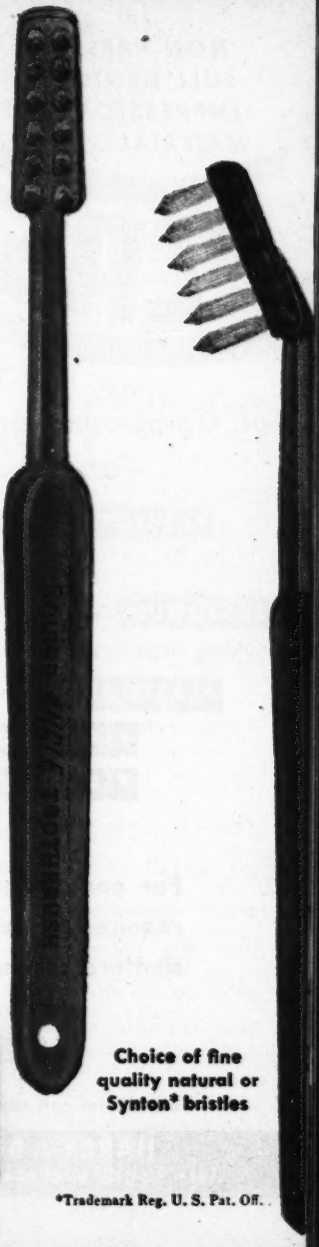
two!

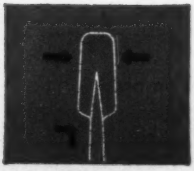
new 2 row

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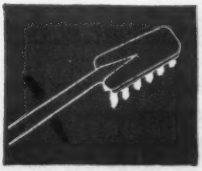
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TOOTHBRUSH





JOG ANGLE
SMALL HEAD



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Choice of fine quality natural or Synton* bristles

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Contains 2 eight gram portion sizes, 1 single portion of Liquid

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Send me one complete SYNTHAY PORCELAIN 2-COLOR OUTFIT, at $4.00. Check enclosed ship through:

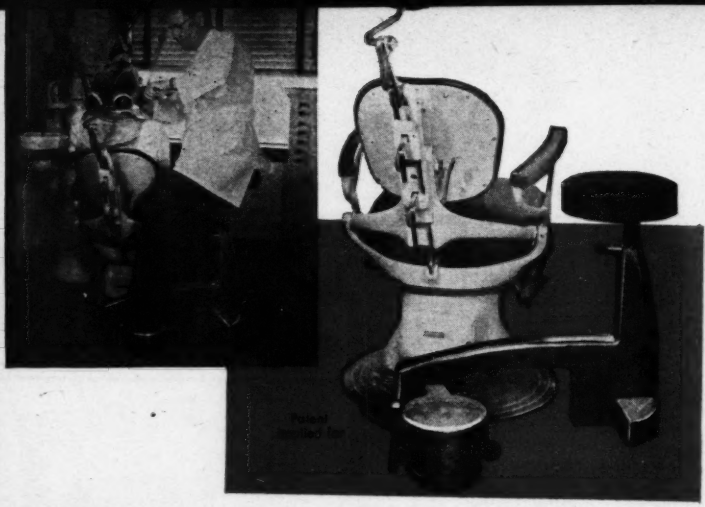
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With Rota-Seat, you can extend your operating day and still walk out of the office with spring in your step. You'll do a better job, too, when Rota-Seat frees you from the backache and burning feet you get from long hours of standing.

Rota-Seat was developed by a practicing dentist. Ten years of experiment and tests in actual use have perfected it so you operate with complete freedom. There's no loss of mobility or leverage. You have almost unlimited variation of position.

Once you adjust the foot control to the position you like best, it stays there as it follows Rota-Seat's smooth, effortless movement around the patient's chair. Rota-Seat can't push away as you operate. You'll like its solid security and the comfort of the deep, sponge-rubber cushion.

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THE *Homogenized* DENTURE BASE RESIN

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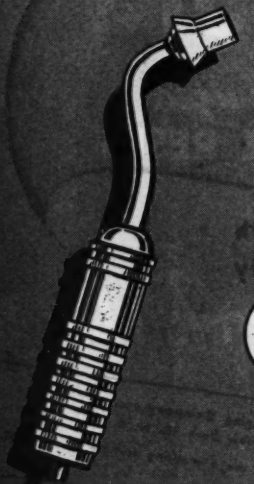


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The Denticator Gum Vibrator is an automatic contra-angle handpiece, designed for exclusive reception of Denticator Cup and Tip replacements. This unique medicator and masseur represents the most advanced steps in scientifically treating gingival diseases and for routine gum massage. Among many other uses, it polishes roots of teeth by oscillation; hastens action of local anesthetics; restores circulation after use of wedge separator or rubber dam.

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AT THE CHAIR





Tip Replacement | Controlled Medication | Gum Massage | Interstitial Massage | Cup Replacement

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...6 Cups and 6 Tips) at dental dealers

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Gum Vibrator

XUM

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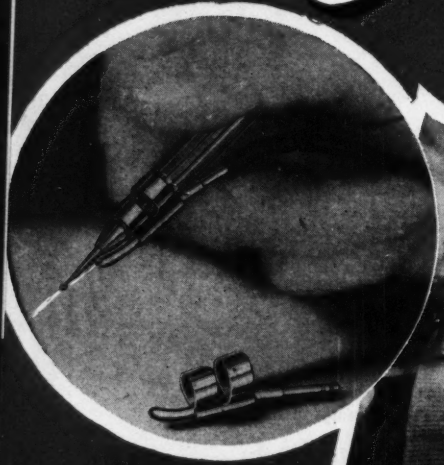
Gum Massager

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THERM-Ex SPRAY

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Eliminates Frictional Heat

DURING CAVITY PREPARATION

Suggested by Dr. John A. Sherman, Toronto, Ont.

- **THERM-Ex Spray** *effectively cools* burs, diamond points, stones, discs during cavity preparation by its atomized water spray.
- **THERM-Ex Spray** *alleviates pain* through continuous removal of frictional heat from rotating tool.
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- **THERM-Ex Spray** *saves operating time* by permitting longer periods of sustained and faster operation.

THERM-Ex Spray is a boon to modern dentistry by reducing pain to negligible proportions during cavity preparation. Its atomized water spray is delivered at the very point of the bur... continuously cleansing the cavity of debris... keeping field of operation under clear visibility... cutting tools stay sharp and last longer.

THERM-Ex Spray is patient-controlled, thus providing that desirable psychological distraction from the operation. Small and compact, THERM-Ex Spray is unobstructive and will not interfere with your customary technique.

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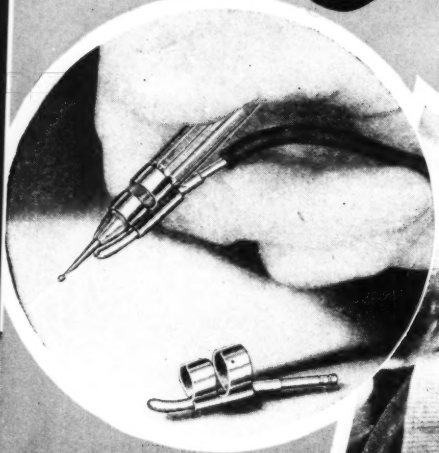
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THERM-Ex SPRAY

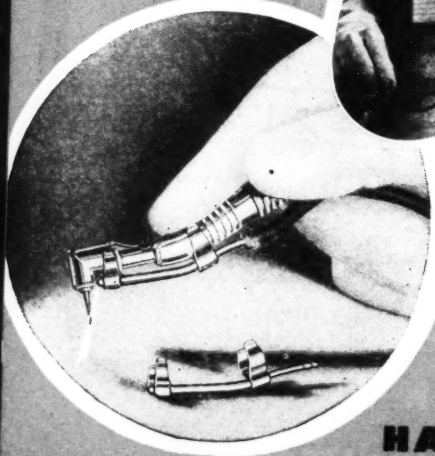
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The special "Atomizer" attached to your spray bottle is adjustable to vary the volume of spray. Rubber tubing connects "Atomizer" with the Therm-Ex Spray snapped onto handpiece or contra-angle. Patient presses air-cut-off when sensing pain or as directed.

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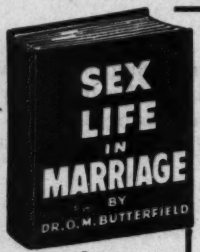
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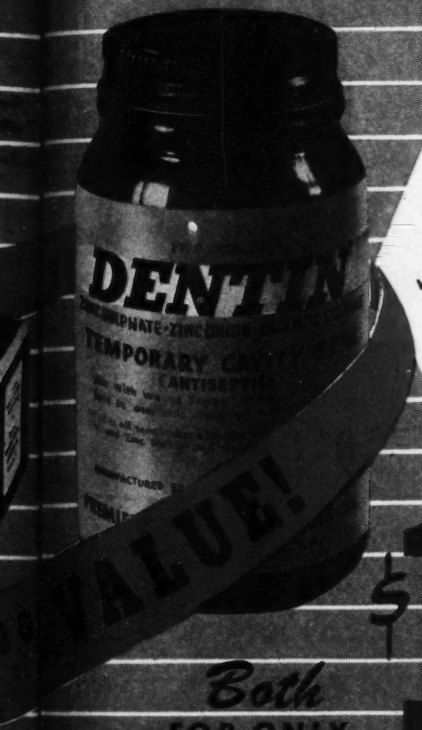
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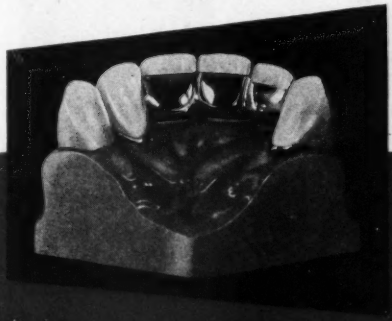
It ain't the 'eavy 'auling
That 'urts the 'orses 'oofs.
It's the 'ammer, 'ammer, 'ammer
On the 'ard 'ighway.

avoid the *shock of impact*

the bridge. In either case one should always be sure, before dismissing the patient, that no motion of the jaw can concentrate its full force on an anterior bridge tooth during the process of mastication.

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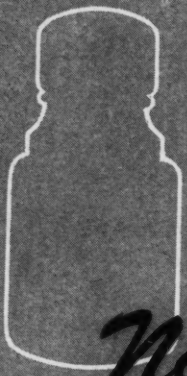
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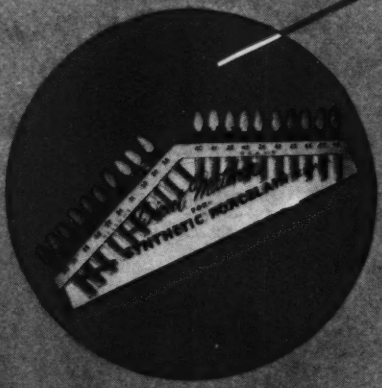
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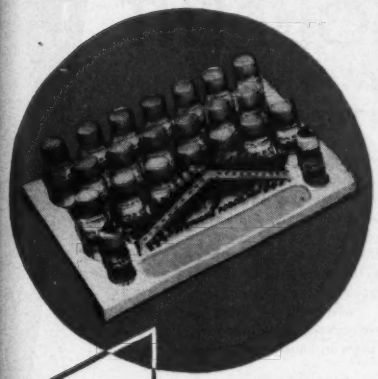


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The improved Rose Amalgator insures a uniform mix. It comes to you ready to be put in use, requiring no mechanical adjustments. Simply place the alloy and mercury in the mixing chamber, turn the control handle to the right until it reaches the stop button, then release. The mixing chamber (located immediately above the control handle) is easily removed or attached by one full turn. A rubber pad attached to the bottom of the base prevents marring of furniture. Available in either black plastic or polished aluminum. Price, complete—ready to use, $55.00.

Order through your dealer

We shall be glad to send you complete information

DAVID ROSE COMPANY

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THE DEWEY SCHOOL OF ORTHODONTIA

founded in 1911 by Martin Dewey, D.D.S., M.D.

(Authorized by The Board of Regents of the University of the State of New York.)

•

Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

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For further information write The Dewey School of Orthodontia, 17 Park Avenue, New York City.

EVER READY BANDS

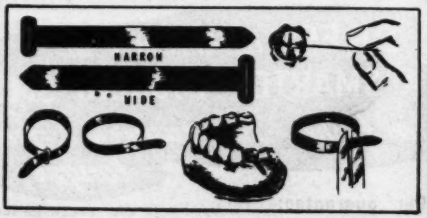
Copper, Steel, or Stainless Steel
No Retainer Necessary

As Matrix Band—

1—Slip end of band thru slot
2—Fit to tooth and fold back edges
3—Band on tooth
4—Cut off excess length

For Inlay Impressions, use excess length as handle. Do not remove.

Package of 1 doz. bands $ .55
One dozen packages . . . 5.50



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WHEN YOU USE **NPC** YOU, TOO, WILL AGREE

"the Difference is Distinctive"

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NOVOCAIN-PONTOCAINE-COBEFRIN

DEEP, DENSE, LONG-LASTING Anesthesia WITHOUT Added Vasoconstrictor



Millinery Genius...

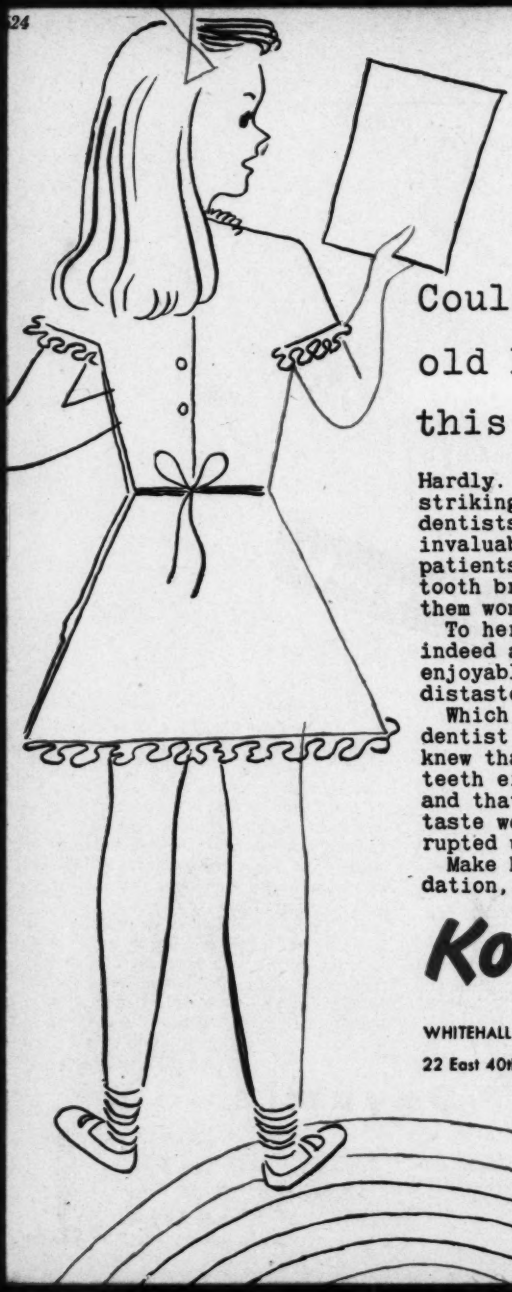
dietary dub!

He keys his fashions to whim and fancy, and the result makes millinery history. By the same criteria he selects his meals, and the result is another entry in a long file of self-made victims of subclinical vitamin deficiency. Far from exclusive, he shares this distinction with those on self-imposed and unscientific reducing diets, excessive smokers, alcoholics, people "too busy" to eat properly, and many more. In such cases, can you depend on dietary reform alone? Many physicians think not and prescribe, in addition, a reliable vitamin supplement. Familiar with its four important advantages, they are more and more often prescribing Dayamin. First, it is a true multiple product. Dayamin provides six essential vitamins as well as pyridoxine and pantothenic acid. Secondly, all six vitamins are supplied in amounts which make this product suitable either as a dietary supplement or in slightly larger doses as a therapeutic agent. Thirdly, Dayamin capsules, despite their broad vitamin content and potencies, are small and easy to take. Finally, Dayamin is a product of known dependability and potency and is always readily available through prescription pharmacies everywhere. Dayamin is supplied in bottles containing either 30, 100 or 250 capsules.

Remember the name **Dayamin**® ABBOTT'S MULTIPLE VITAMINS

Abbott

ABBOTT LABORATORIES, North Chicago, Illinois



Could a 6-year old have written this ad?

Hardly. But, even so, she's a striking example of why so many dentists regard Kolynos as an invaluable aid in winning patients—young or old—to the tooth brush.....and in keeping them won.

To her, daily tooth care is indeed a refreshing, thoroughly enjoyable experience....not a distasteful chore.

Which is precisely why her dentist specified Kolynos. He knew that it would clean her teeth efficiently and safely—and that its distinctive, tangy taste would encourage uninterrupted use.

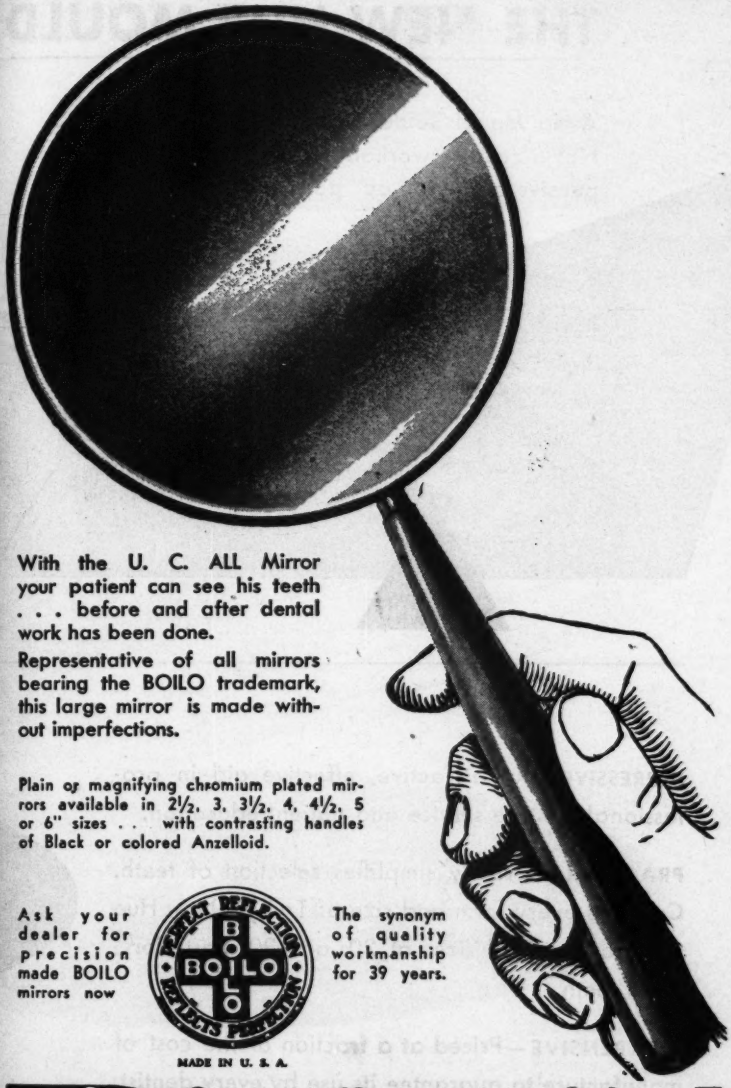
Make Kolynos your recommendation, too!

Kolynos

POWDER • PASTE

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22 East 40th St., New York 16, N. Y.



With the U. C. ALL Mirror your patient can see his teeth . . . before and after dental work has been done.

Representative of all mirrors bearing the BOILO trademark, this large mirror is made without imperfections.

Plain or magnifying chromium plated mirrors available in 2½, 3, 3½, 4, 4½, 5 or 6" sizes . . with contrasting handles of Black or colored Anzelloid.

Ask your dealer for precision made BOILO mirrors now

The synonym of quality workmanship for 39 years.

MADE IN U. S. A.

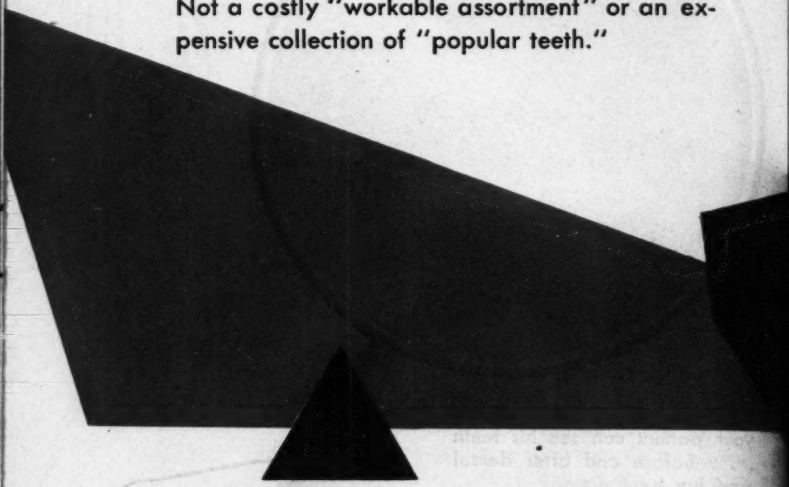
ANZELL SPECIALTY MANUFACTURING CO. INC.

39-45 FRONT STREET • Established 1907 BROOKLYN 1, N.Y.

Largest Manufacturers of Dental and Surgical Mirrors in the World

THE NEW HUE MOULD

A real Mould Guide—*the only real Mould Guide.* Not a costly "workable assortment" or an expensive collection of "popular teeth."



IMPRESSIVE—An attractive, effective aid in professional denture service and patient education.

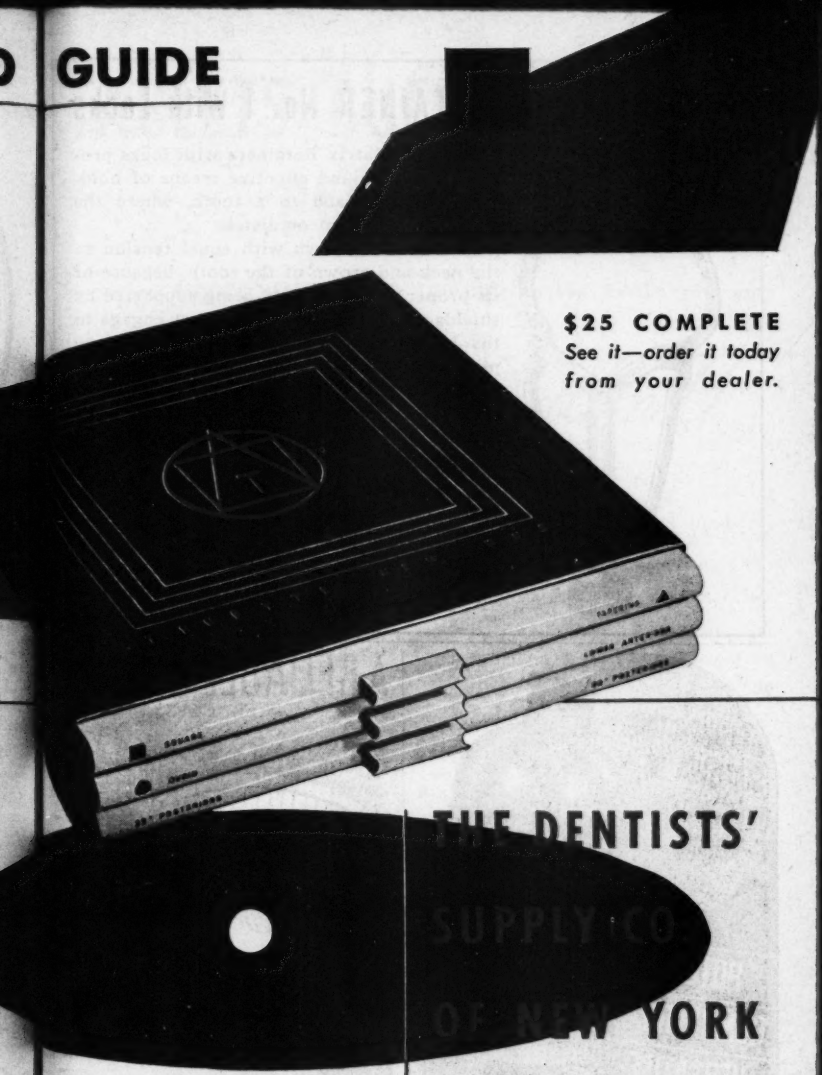
PRACTICAL—Greatly simplifies selection of teeth. Contains every form and size of Trubyte New Hue Anteriors and all sizes of 20° and 30° Posteriors: 1084 teeth.

INEXPENSIVE—Priced at a fraction of the cost of manufacture to guarantee its use by every dentist.

YOU DON'T HAVE TO PRACTICE WITHOUT A MOULD GUIDE

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GUIDE



$25 COMPLETE
See it—order it today from your dealer.

THE DENTISTS' SUPPLY CO. OF NEW YORK

220 WEST 42nd STREET
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IVORY MATRIX RETAINER No. 1 With Locks

No. 1 IMPROVED



The No. 1 Matrix Retainers with locks provides a simple and effective means of holding a matrix band to a tooth, where the cavities are mesial or distal.

The band is drawn with equal tension to the neck and crown of the tooth, because of its proper curvature, and being supported by shields attached to the points that engage in the holes, the band is readily drawn into place against the surface of the tooth, with less danger of tearing the band when the retainer is tightened. The shields prevent the retainer from tilting down in the way of the operator when used on an upper tooth.

Most Dealers

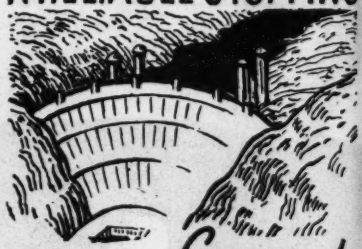
J. W. IVORY

Manufacturer

PHILADELPHIA 2, PA.



A RELIABLE STOPPING





Crescent Stopping

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
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Crescent DENTAL MFG. CO.

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50,000 UNITS AND 100,000 UNITS EACH

Crystalline Penicillin G

POTASSIUM SALT

Oral penicillin therapy is conveniently and readily established with Tablets Buffered Penicillin-C.S.C. Supplied in two potencies—50,000 units and 100,000 units of crystalline penicillin G potassium salt—each tablet provides a sufficient quantity of buffer to minimize destruction of the contained penicillin by the gastric HCl. *This preparation requires no refrigeration:* potency loss need not be feared at room temperature, even in the tropics, for the period of outdating (18 months).

The Crystalline Penicillin G Potassium Salt-C.S.C. employed is of exceptionally high potency—not less than 1,435 units per milligram—and is penicillin G. In vials of 8 and 48 tablets, each tablet containing 50,000 units or 100,000 units of crystalline potassium penicillin.

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C.S.C. Pharmaceuticals

A DIVISION OF

COMMERCIAL SOLVENTS CORPORATION

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This Is The Success
As Written By The Purchases

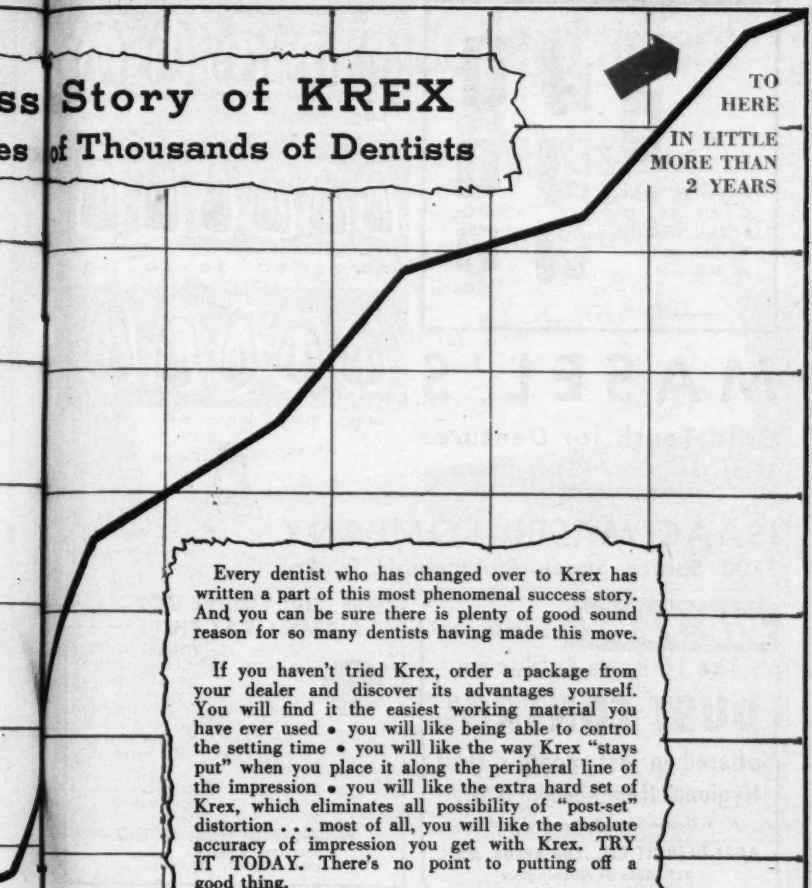
Note the compact Krex package



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Story of KREX
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Every dentist who has changed over to Krex has written a part of this most phenomenal success story. And you can be sure there is plenty of good sound reason for so many dentists having made this move.

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Prices: B, $1.50; C, $1.85; D, $2.25. Available in upper and lower, 22K gold.







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Send today for complete literature.
Most dealers have *Masel* products.



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The 16 Page Folder on
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offered in last month's Oral Hygiene? If not, send for it NOW!

We welcome your dust control problems

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At the big Chicago dental meeting, this Ohio dentist looked at all the units shown. Then he came back to the FISCHER booth, displaying the new FISCHER Cabinet Dental-X. "Yes, Sir!" he said, "You've got a real x-ray there." Users everywhere agree.

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SPECIAL LOW PRICES

We will completely rebuild your handpiece and angles like NEW. All old parts removed and empty housing completely rebuilt. A test will convince you. Prompt Service.

CONTRA ANGLES $3.50 STRAIGHT HANDPIECES $7.50

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For Satisfaction in Porcelain or Acrylic, TRY

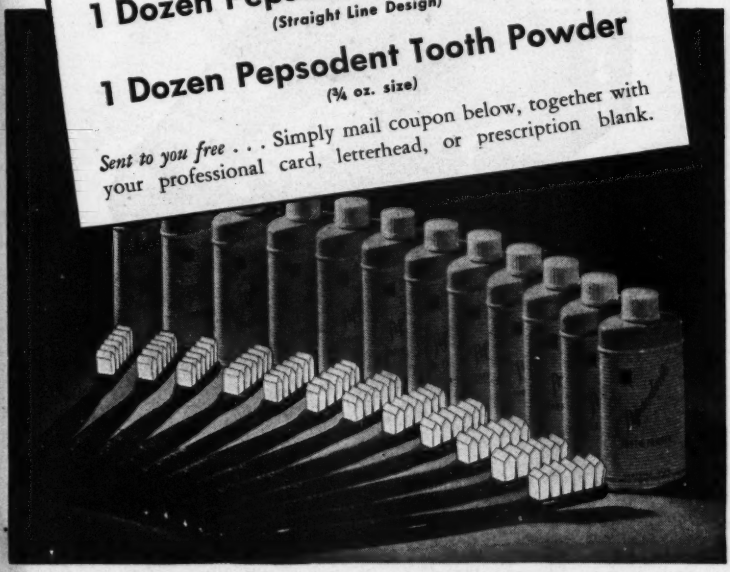
RESTORE-DENT LABORATORY
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Again Pepsodent offers FREE to Dentists

1 Dozen Pepsodent Tooth Brushes
(Straight Line Design)

1 Dozen Pepsodent Tooth Powder
(¾ oz. size)

Sent to you free . . . Simply mail coupon below, together with your professional card, letterhead, or prescription blank.



Offer Limited!

We are happy to offer you again this assortment of Pepsodent Tooth Brushes and Tooth Powder for your own personal use and for complimentary distribution to your patients. However, because of the ever-growing demand for these Pepsodent products, and still-existing material shortages, Pepsodent is able to make this offer only while present supplies last.

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Note: Your request can be honored only while present supplies last . . . and only if coupon is accompanied by your professional letterhead, card or prescription blank.

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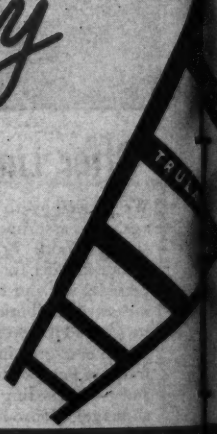
Use the MIZZY *Lad*
to Successful Im



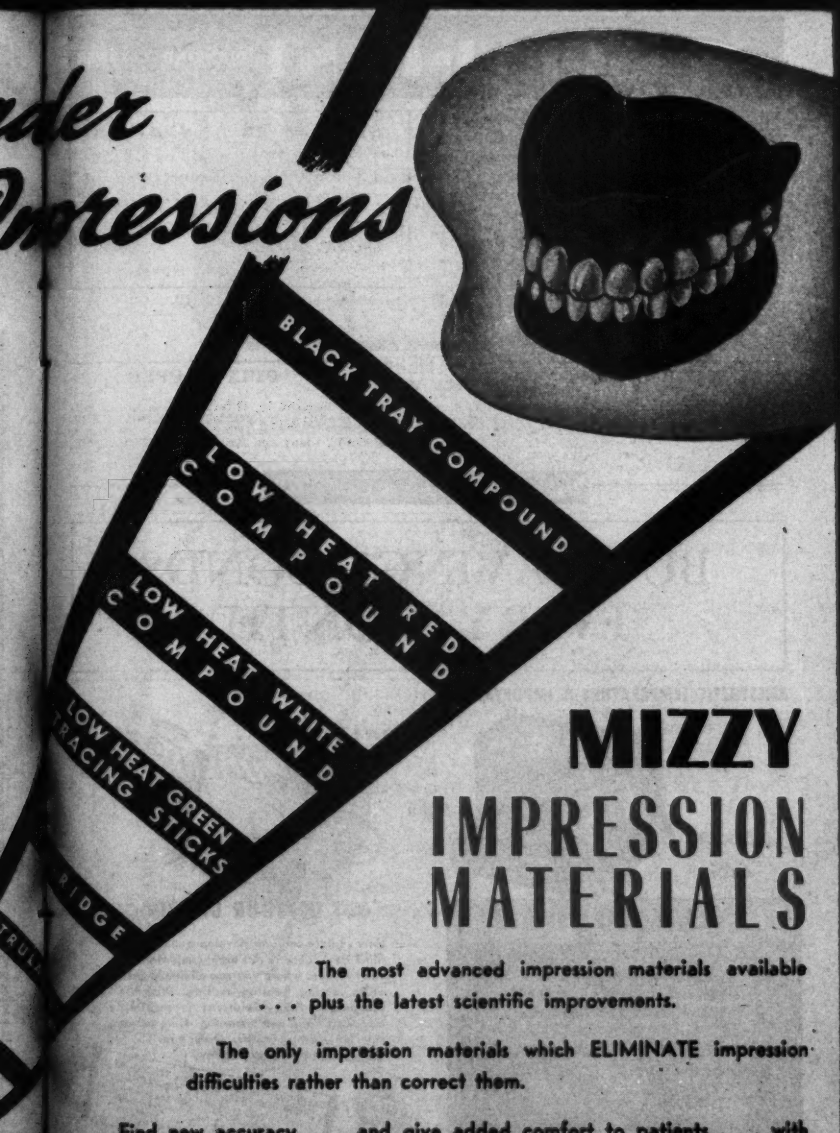
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Thin enough to insure even flow.
Ideal for closely adapted trays.
Spatulating time from 30 to 60 seconds.
Impression registers the most minute detail.
Sets hard within 3 minutes in mouth, thus preventing distortion.
For full impressions, rebasing, etc.

A product of finest quality—resulting from over 2 years of intensive research.
Built to meet the exacting requirements of modern techniques.



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MIZZY IMPRESSION MATERIALS

The most advanced impression materials available . . . plus the latest scientific improvements.

The only impression materials which ELIMINATE impression difficulties rather than correct them.

Find new accuracy . . . and give added comfort to patients . . . with Mizzy Impression Materials.

COPPER BAND ASSORTMENTS • TRULASTIC TRAYS
SUPPLEE IMPRESSION TRAYS • MIZZY
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BUR CLEANER **SOLVI-DENT** DIAMOND CLEANER

New formula Solvi-Dent Bur Cleaner and Solvi-Dent cleaner for diamond points are quick-acting, thorough, and convenient. Solvi-Dent solutions keep burs and diamond points clean, bright, sanitary and add greatly to their cutting life.

Solvi-Dent more than pays for itself in added life and cutting efficiency of burs and points.

SPECIAL 30-DAY OFFER

1 Bottle Bur Cleaner (8 oz.) . $2.50
1 Bottle Diamond Cleaner (8 oz.) 2.50
Regular Price $5.00

SPECIAL OFFER **$4.00**

Money-back guarantee. Order through dealer.

SOLVI-DENT COMPANY, 603 N. Western Ave., Chicago 12, Ill.

KARB-O-DENT WETHERILL **PULP CAPPER**



KARB-O-DENT will NOT discolor and may be used in Anterior Teeth under Silicate fillings as well as Posteriors. It is the THYMOLIZED OXY-EUGENOL Cement that SETS RAPIDLY and HARDER. The liquid has the most convenient dropper available. Start using KARB-O-DENT today and KNOW the DIFFERENCE. Large package at only $2.00.

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ANESTHETIC TEMPERATURE IS IMPORTANT!

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THERMOTONE

Thermotone is a sturdy, easy-to-operate unit which helps you get maximum comfortability from your anesthetic by assuring its injection at Body Temperature. Ask your dealer for details—or write 5th floor, 170 Varick St., New York 13, N. Y. You'll be glad you did!

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Remember IT'S A PRODUCT OF CUSH-MATE LABORATORIES

Don't make a *Waiting Room*



OUT OF YOUR DARKROOM

How rapidly can you develop quality X-Ray film? New speed in this highly important task can be yours where you can eliminate measuring, mixing, heating, cooling. With Urell concentrated X-Ray Solutions... you simply add water and use instantly. Time-proven, safe, long-lasting results. Order your supply from your dealer today.



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WHITE!

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LUSTROUS!

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Lang White Beauty Alloy combines all of the physical properties essential to lasting, satisfying results and ease of handling.

Low plastic flow (under 2%) assures permanency of contour in the finished filling.

High silver content (over 70%) results in a lustrous, satin-like finish that resists corrosion.

Expansion (5 microns per cm.). assures a sealed conformity to the cavity wall.

Painstaking control in manufacture assures an unvarying uniformity.

PRICE: $2.40 per ounce; 5 ounces $11.25; 10 ounces $21.50

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OTHER LANG PRODUCTS

Lang Elastic Impression Powder
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*Lang Dental Crown, Bridge and Inlay Cement
*Lang Denture Material
**Certified to A.D.A.*

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LANG DENTAL MANUFACTURING CO., 828 MONTROSE AVE., CHICAGO, ILLINOIS

ACRALAIN

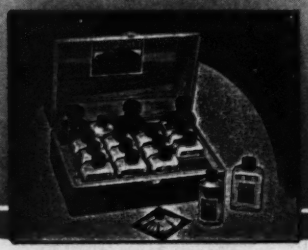
INSURES MAXIMU



ACRALAIN... pioneer tooth-colored acrylic...

Acralain—dentistry's pioneer tooth-colored acrylic—affords the perfect blending that makes your restorations a true rival of nature. For your convenience, *Acralain* is available in premixed shades to duplicate the shading systems of New Hue, Verichrome and Myerson teeth. It is also available in 12 Acralain shades and 6 basic shades, which provide a full range to harmonize with natural teeth.

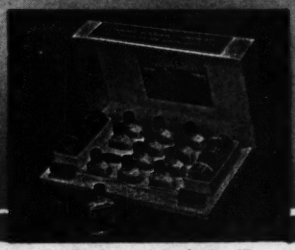
Acralain is made by one of America's largest manufacturers of dental acrylics. We suggest that you order one of the economy-priced units described below.



Acralain Cabinet Package

Includes 12 cabinet size units of powder (one of each shade), 3 bottles of *Acralain* liquid, 2 bottles of *Acracote* (coating medium), 2 mixing jars, 2 droppers, description of controlled pressure casting technique, description of alternative split flask technique. Packed in beautiful wooden cabinet

Price—complete—$38.50



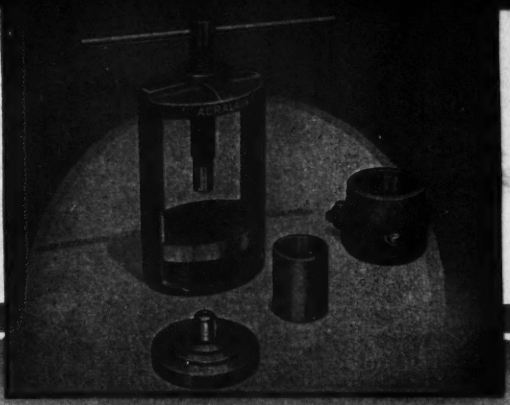
Premixed Acralain Junior Kit

Premixed *Acralain* to match New Hue, Verichrome or Myerson Color Guides. Available in 5 assortments: 1. New Hue (12 shades); 2. Myerson (12 shades); 3. Verichrome (12 body shades); 4. Verichrome (12 incisal shades); 5 Verichrome (6 body shades; 6 incisal shades). Each assortment includes liquid, *Acracote* and 2 droppers.

Price of any assortment—$15.50

XUM

UNCCURACY



Acralain Complete Casting Outfit—$21.50

WITH THE CONTROLLED PRESSURE CASTING TECHNIQUE

With *Acralain's* special casting equipment and technique, *Acralain* restorations are cast under continuous controlled pressure. This method assures restorations that are harder, denser, less porous and fit more accurately than when the ordinary split flask method is used!

Our research department will be glad to send reprints of articles and clinical reports on the use of *Acralain* for inlays, crowns, bridges and other restorations, as well as detailed information on the advantages of *Acralain's* exclusive controlled pressure casting technique. Send your request to the address below.

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EFFECTIVE SURFACE ANESTHETIC

NUM has everything in these—

- Powerful anesthetic action
- Non-narcotic
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- Non-acid
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Ask for Silver and Black Box
Order from your Dental Depot

NUM SPECIALTY CO. 4614 FIFTH AVENUE PITTSBURGH, PA.

DENT NUM

TRADE MARK REG.



Correlator has six important uses. REG. U. S. PAT. OFF. A completely anatomical articulating device for constructing 1. Bridges 2. Crowns 3. Tooth bearing partials 4. Carving indirect inlay patterns 5. Studying orthodontia casts and malocclusion 6. Mounting study casts, and models with various types of restorations to show their function. Price $4.75 Literature on request



JOHNSON-OGLESBY MFG. CO., BOX 5022 TERMINAL STATION, DENVER 17, COLORADO



Available in attractive glass jar

How many products can match* POSTOLENE'S *record?

Yes, **Postolene** has a 41-year record behind it . . . ample proof of its effectiveness for successful treating of root canals and abscessed teeth. **Postolene** is a **must** with many of your fellow practitioners. **Have you tried it yet?** It costs only $1.00 for generous trial jar . . . it is fully guaranteed. Order from your dealer today.

J. A. SPRAGUE & CO., 325 19th Ave., Columbus 1, Ohio



SPECIAL VALUE



Here's a grand buy in a well tailored sanforized professional jacket. ALL SIZES for "LEE" . . . . only **$3.19**

ASK FOR FREE CATALOG

WILKES PROFESSIONAL APPAREL

Minimax Alloy

Great black shadows slip across the silent sky; all is calm in the gathering darkness; all is quiet until C-C-CRACK! a blinding flash splits the night! Lightning!-uncontrolled electricity–frequently destructive, always valueless. Its utility lies in its control.

Control is vital in the manufacture of alloy, especially in the development of its most essential characteristics; increasing its utility. In Minimax laboratories searching eyes and sensitive instruments have raised Minimax Alloy No. 178 to the zenith of alloy quality. In fabrication it is so controlled, its properties so created that after YOU mix it, it will have necessary expansion, proper resistance to flow, and more than ample crushing strength.

This superiority is a matter of scientific record. Well known also is Minimax's reasonable price . . . remarkably low for such a fine alloy; a worth while economy every time you buy alloy. You save with safety when you buy Minimax Alloy #178.



Complies with A. D. A. Specifications No. 1 Filings suitable for alloy-mercury gauges

For best results, mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience, Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

The MINIMAX Company, 185 N. Wabash Ave., Chicago 1, Ill.

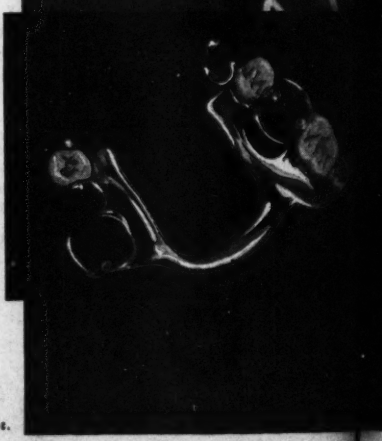
NEWS AND VIEWS



VITALLIUM AND BONE GRAFTING • Some bone fractures heal very slowly. Some apparently will never heal at all without surgical intervention. • Here is where bone grafting has its place in surgery. It is a well-established technique of stimulating bone growth over the fracture area. • A section of bone from another part of the patient, usually the tibia, is used to bridge the fracture gap. After freshening and lining up the fractured bone ends, the graft is onlayed across the fracture and fixed in position with Vitallium screws. • The graft acts as a plate, providing firm fixation and as a stimulus to new bone growth. Vitallium continues to serve an ever increasing role both in new and in long-established surgical techniques with conspicuous success. The successful use of Vitallium screws in bone grafting is attested anew by Drs. Fett, Foote and Stevens in the Sept. 1946 issue of the American Journal of Surgery.

OF VITALLIUM

ITALLIUM'S STRENGTH MEANS A LI **ER, FINER DENT**



There is superior strength in a Vitallium denture, and there is resiliency and toughness, too. These qualities make it possible to design thin and tapering clasp arms for maximum resiliency and efficiency—and for greater comfort and less strain on tissue and abutment teeth. VITALLIUM for modern dentistry.

'OTHER good Austenal Products

•

Micromold Teeth, Porcelain and Plastic

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Vitalon Denture and Bridge Resin

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Vitalon Tooth Shaded Resins

*VITALLIUM is a registered trademark of Austenal Laboratories, Inc.

AUSTENAL LABORATORIES

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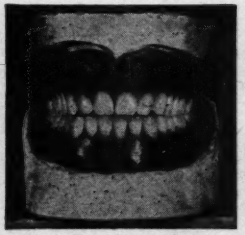
XUM



INC. • NEW YORK • CHICAGO
Vitallium Laboratory



Lower teeth set to abrasive segment (ground-in)



Upper teeth set to lower teeth

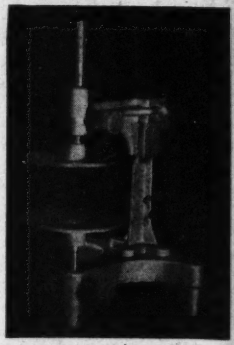


Upper teeth checked on dual abrasive segment (ground-in)

The FOURNET ARTICULATOR

The pictures tell the story of this unique articulator. The FOURNET Dual Check Articulator gives an all-point occlusal contact for any movement or position of the mandible. Here is a really *new* and *revolutionary* product. Once you use it you'll always use it.

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Please send literature describing the FOURNET Articulator and FOURNET Posteriors.

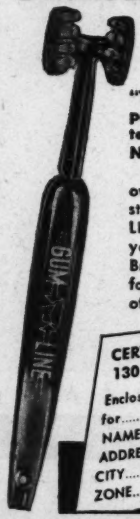
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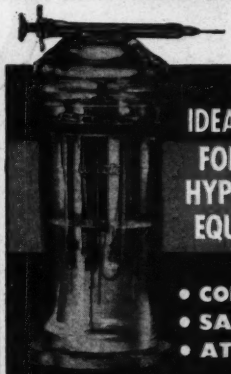
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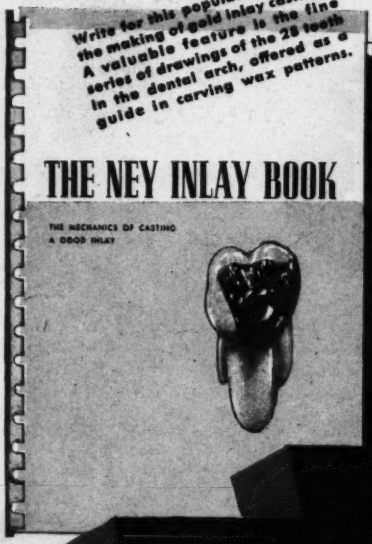
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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
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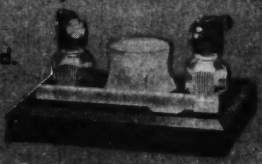
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represents an important saving.

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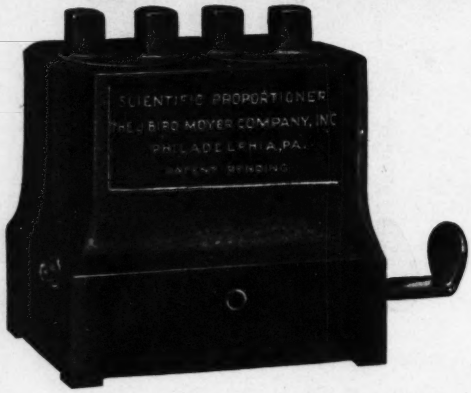
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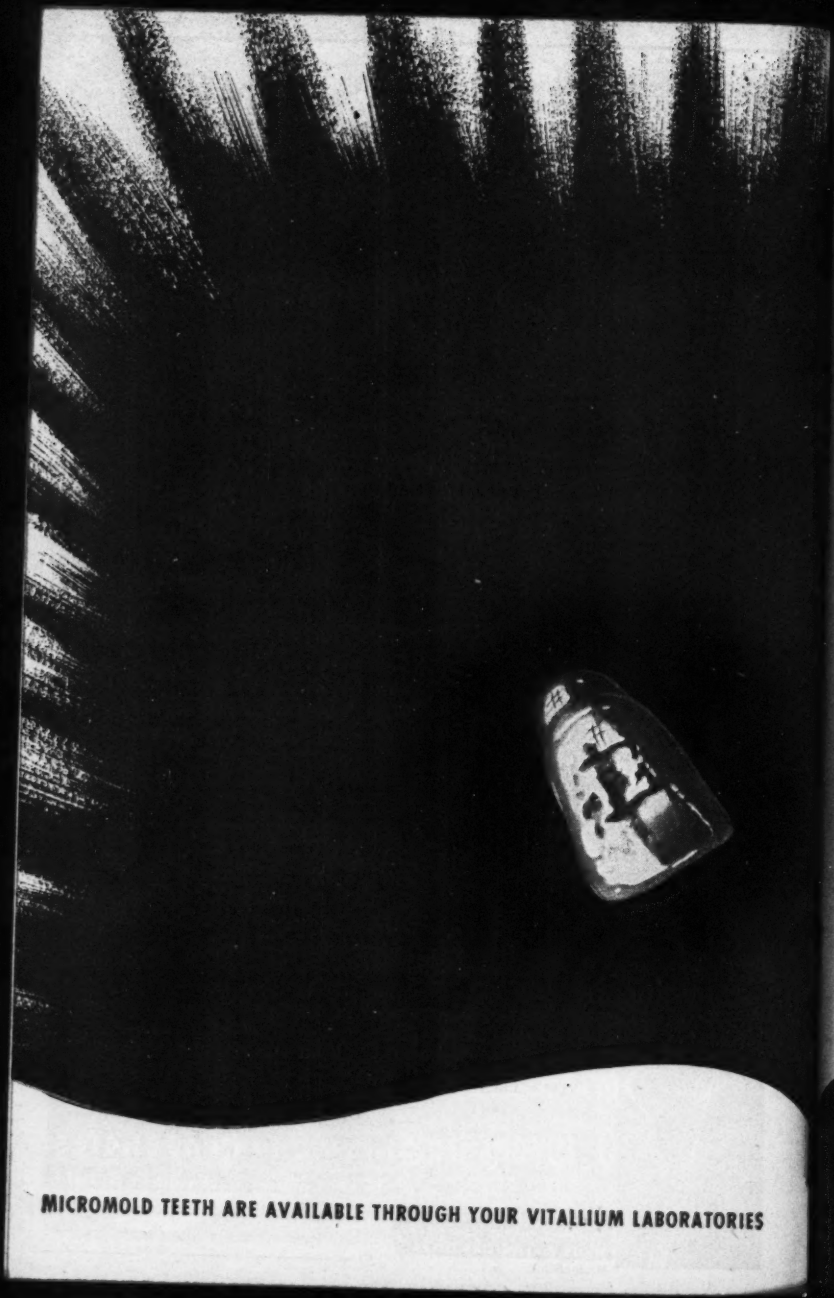
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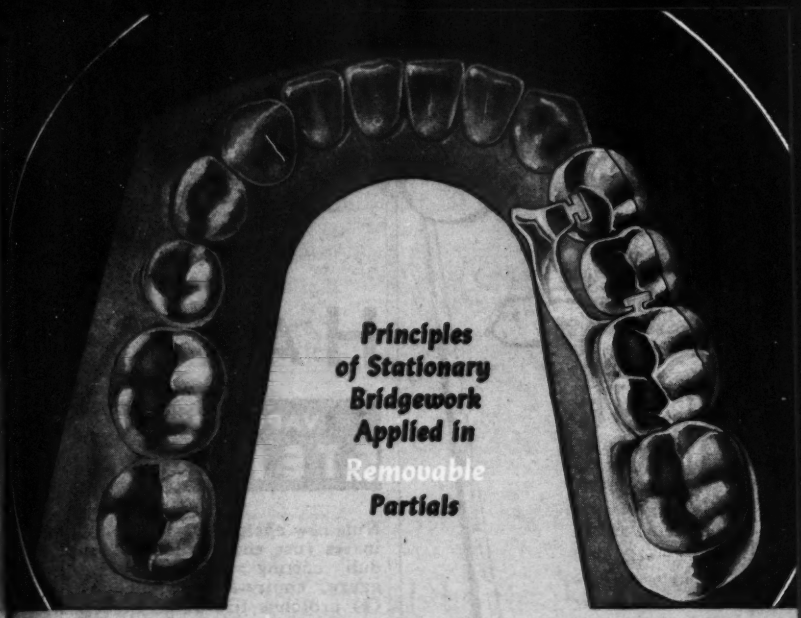


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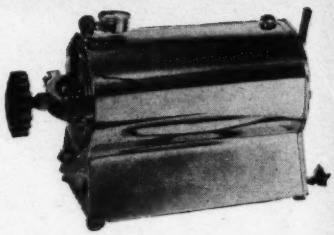
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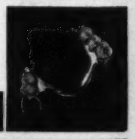
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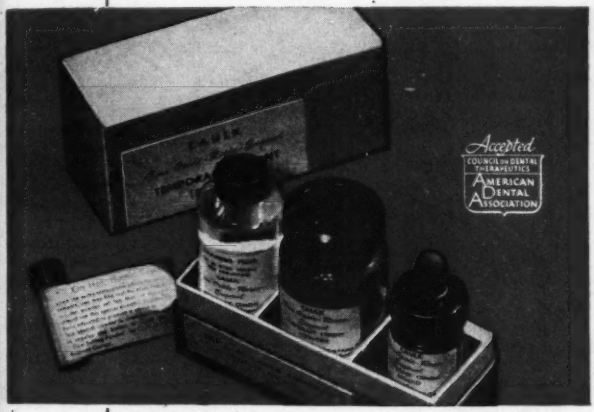


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1 bottle "regular" powder
1 bottle liquid • 1 bottle cleaning fluid
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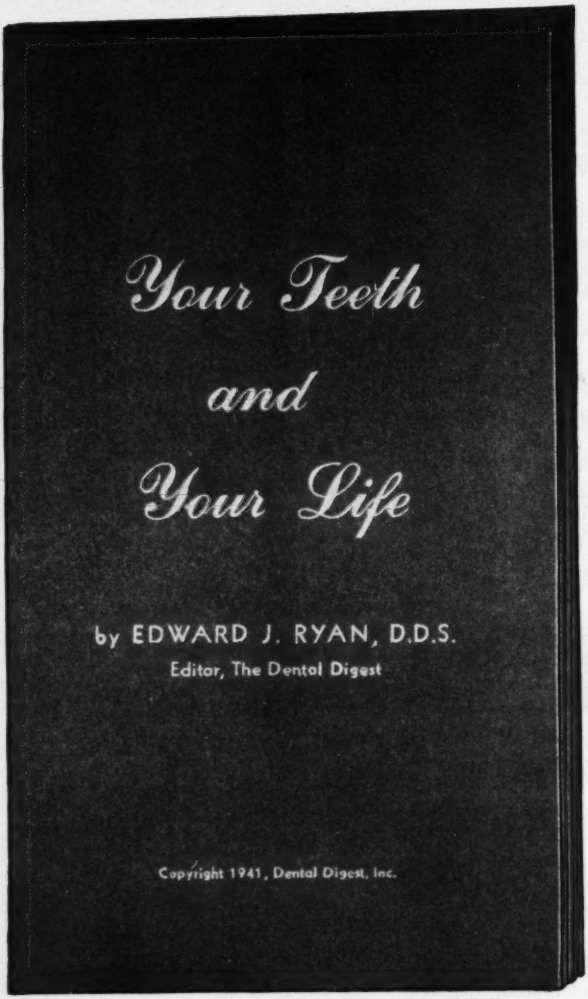
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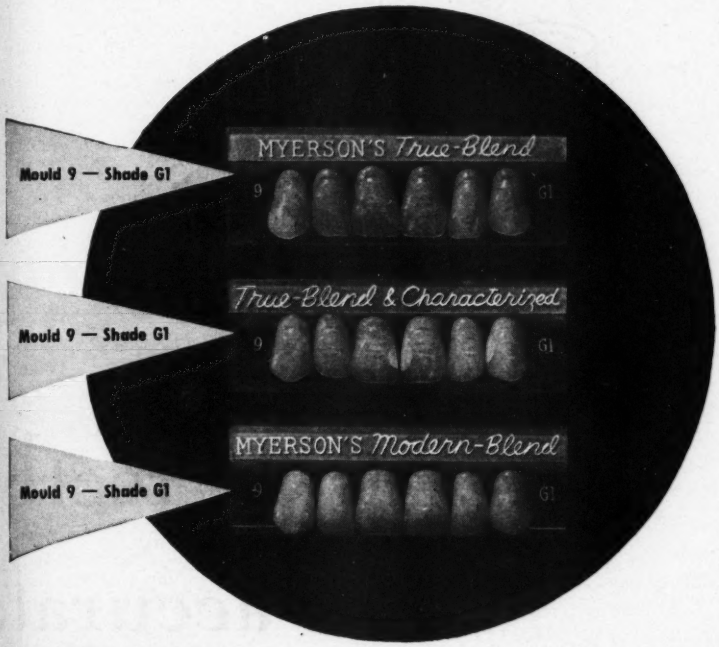
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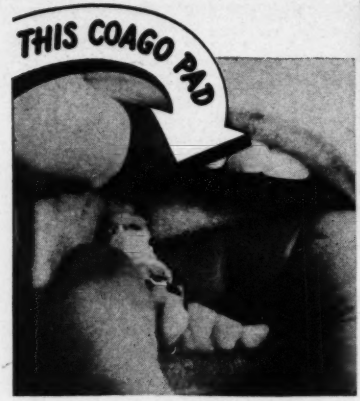
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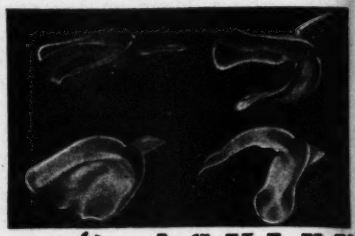
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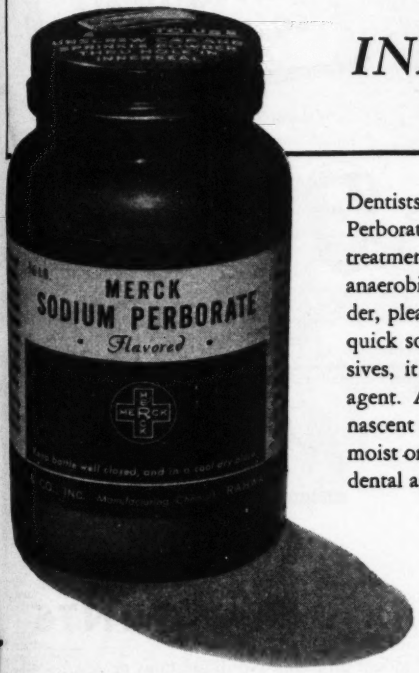
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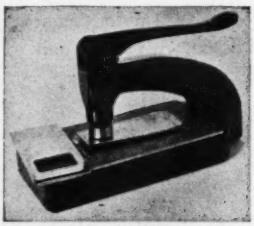
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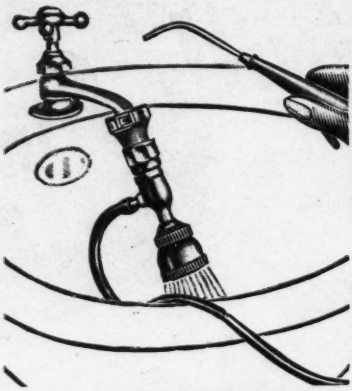
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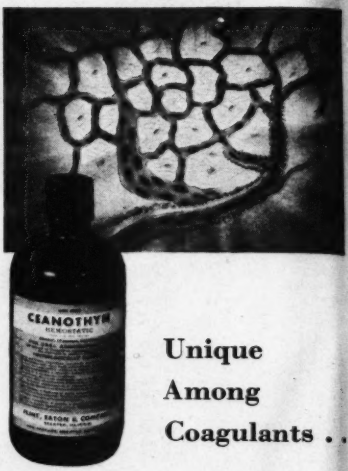
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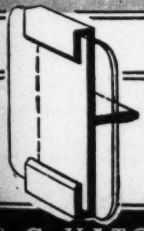
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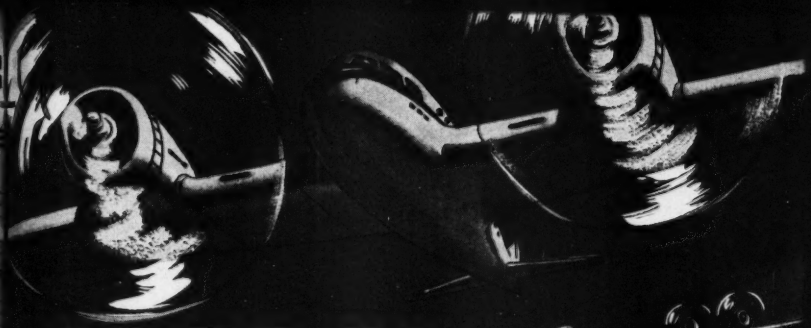
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